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DEVELOPMENTAL DISABILITIES STATE PLAN

FISCAL YEAR 1978

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Submitted By:

Montana Developmental Disabilities Planning and Advisory Council

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October 1, 1977

MONTANA

STATE

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STATE PLAN

- FOR -

DEVELOPMENTAL DISABILITIES SERVICES

and

FACILITIES CONSTRUCTION PROGRAM

(as amended by PL 94-103 "Developmentally Disabled Assistance and Bill of Rights Act")

FOR FISCAL YEAR 1978

SUBMITTAL

As a condition to the certification of Federal funds under the basic formula grant program of the Developmental Disabilities Services and Facilities Construction Act, as amended by PL 94-103, the State Planning Council submits this State Plan for planning, administration, provision of services, and construction of facilities for persons with developmental disabilities in the State. This State Plan consists of this preprinted document, attachments hereto, and materials incorporated by reference herein. The program will be administered in accordance with this State Plan, the requirements of the Act, and all applicable Federal regulations and official issuances of the U. S. Department of Health, Education, and Welfare.

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SECTION I

SUMMARY OF THE DEVELOPMENTAL DISABILITIES STATE PLAN

SECTION I

SUMMARY OF THE DEVELOPMENTAL DISABILITIES STATE PLAN

Section I of the Developmental Disabilities State Plan (DDSP) summarizes the basic provisions of the Developmental Disabilities Program in Montana. Sections I through VI provide detailed assessment of the needs of the developmentally disabled persons of Montana, the current capability of generic services to address these needs, the identified service needs, DD Planning and Advisory Council activities, and the goals, objectives, activities and recommendations of the Council for the service network.

1.1 SUMMARY OF THE DD PROGRAM PLAN

The State Plan has been compiled by the staff of the State Council. It contains information gathered from the DD Division, Voc. Rehab. Division and Social Services Bureau in the Department of Social and Rehabilitation Services; the Department of Institutions; Department of Health and Environmental Sciences, Maternal and Child Health Bureau; and the Office of the Superintendent of Public Instruction.

The Plan contains a description of existing services and a description of needs for services. Goals and objectives for each agency and for the Council are also documented.

1.1.1 Description of the Developmental Disabilities Program

The core of the DD program in Montana is the DD Division in the Department of SRS. The Division is assisted in carrying out its responsibilities by the State Council which advises the state on policy and by regional councils that provide the impetus for community programs.

The DDD was created in April 1976 as an outgrowth of a major management study prepared by the Governor's Office of Budget and Program Planning. Prior to that time the DD program was a bureau of Rehabilitation Services Division. The change from bureau to divisional status was made partly because of the increase in program responsibilities and the importance of the DD program.

The DDD is responsible for the planning and development of community based services. All direct services with the exception of institutional placement services are provided through purchase of services contracts. Five client services specialists do provide comprehensive placement and adjustment services for persons returning to the community from Boulder River School and Hospital.

There are five regional offices that carry out the planning, development and coordination of local specialized DD services. The administrative office in Helena consists of the division administrator and two bureaus - Habilitation and Evaluation, and Management and Planning.

The Management and Planning Bureau works closely with the DDPAC in planning activities as well as provides technical assistance in budgeting and grants management.

Coordination activities of the Division include regular monthly meetings with Rehabilitation Services and periodic meetings with OSPI, Social Services, Institutions and Department of Health. In August 1976, the Division gave a presentation on DD programs and activities to the complete SRS administrative staff. A major thrust of the Division has been to improve relationships and increase coordination with other agencies and programs serving the developmentally disabled.

1.1.2 The Developmentally Disabled Population

Four categories of handicapping conditions make up the DD population in Montana. Autism, Cerebral Palsy, Epilepsy, and Mental Retardation. The incidence rate in Montana is: Autism - .05%, C.P. - .45%, Epilepsy - 1%, and M.R. - 3%. The total number of DD from a state population of 727,400 is 33,643. For purposes of statistical analysis, this figure was rounded to 33,600 persons.

Montana has five regions. The regional DD population is: Region I - 4,302; Region II - 6,676; Region III - 6,642; Region IV - 8,214; and Region V - 7,809. The substantially handicapped population is equal to 22.5% of the total or 11,237 persons. Three age groups are considered: Preschool - 0-5, School Age - 5-20, and Adult - 20-60+. The DD population by age and disability type is as follows:

	Autism	C.P.	Epilepsy	M.R.
0-5	35	300	900	2,650
5-20	100	1.900	1.300	6,200
20-60+	265	2,200	5,300	13,450
Total	400	3,400	7,500	22,300

1.1.3 The Developmental Disabilities Service Network

The DD Service Network is made up of: Department of Social and Rehabilitation Services--DD Division, Rehabilitation Services Division, and Social Services Bureau; Department of Health and Environmental Sciences--Maternal and Child Health Services Bureau; Department of Institutions--Boulder River School and Hospital, Eastmont Training Center, Galen State Hospital, Warm Springs State Hospital, and Community Mental Health Centers; and the Office of the Superintendent of Public Instruction.

Services are provided mainly through contracts with providers, who realistically are considered quasi-public rather than private service providers.

1.2 SUMMARY OF THE DEVELOPMENTAL DISABILITIES STATE PLANNING COUNCIL ROLE

Purpose - The Council has been formed for the following purposes:

1) To act as an advocate for the developmentally disabled, to insure their rights and promote their well being through normalized treatment services.

2) To plan, advise, gather information and make recommendations.

The mandated responsibilities of the Council include: needs assessment for the DD service network, setting goals and objectives for the service network, evaluation of the implementation of network goals and objectives, and supervision and approval of the State Plan.

1.2.1. Planning

The planning process changed considerably this year, and reflected greater clarity in Federal Regulations. The Council was more active in the coordination and supervision of the State Plan.

A meeting was held with all agency heads responsible for data in the plan. The Governor's Office of Budget and Program Planning completed Section II of the plan. The various agencies completed Section III statistics, while the DD Division completed Sections I and VI as well as their portion of Section III.

A staff member also met with each of the regional councils. Regional councils contributed greatly to the completion of two sections: III and IV.

Council staff was still responsible for pulling the sections of the plan together. Next year, however, this function should be turned over to the designated state agency, the DD Division. New administrative regulations, to be adopted by the state, contain an orderly process and statement of responsibilities, that will enable the Montana Council and the designated agency to follow, to the letter, the process as set out in Federal Regulations.

The Council reviewed goals and objectives submitted by regional councils and state agencies. These are reflected in its goals and objectives which have been changed little from last year.

It is important, however, to note the role played by staff from DD/TAS. Their staff was able to come to Montana and conduct a workshop of goal establishment. Using a tool called the "nominal process" each Council member's views were able to be accurately reflected in this year's goals and objectives section.

1.2.2 Influencing

One of the major concerns of the Council is the improvement of inter-agency coordination and cooperation. During the past year, the Council has been involved in several major efforts to carry out the goal. It has served as a forum to bring state agencies together. This has been particularly true in the area of preschool services. In addition, the Council supported a legislative resolution to the Governor's office calling for solving of problems inhibiting the

placement into the community of institutional residents. A third major action of the Council has been the creation of the Task Force on Higher Education. Council members and staff have been active in AAMD.

In May of 1976 Governor Thomas L. Judge selected the Developmental Disabilities Planning and Advisory Council as the planning agency for designing the Montana Advocacy Program (DD/MAP). The Council instructed its Advocacy Committee to assess the advocacy needs in the state and to recommend to the Council a plan for Protection and Advocacy as mandated under Public Law 94-103, Section 113. The Committee made the decision to carry out the instructions of the Governor utilizing existing Council resources (staff and facilities) and to carry over the largest percentage of planning funds into the implementation stage. The Advocacy Committee also utilized two consultants, a representative of institutional advocacy (the patient's attorney at the state mental hospital - WSCH and a representative of citizen advocacy (the director of a Citizen Advocacy Program). The Committee excluded no interested person within the state from its deliberations on the Protection and Advocacy Program. During the final stages of planning, the Committee was expanded by five members to add additional expertise to the development of an effective Protection and Advocacy Plan.

A Committee report was submitted to the Developmental Disabilities Planning and Advisory Council at the April Council meeting. The report recommended three alternatives for the Council's consideration. After deliberation on the advantages and disadvantages of each alternative, the Council selected the plan for direct attachment to the Developmental Disabilities Planning and Advisory Council.

A public hearing was held on the proposed plan May 26, 1977 at the SRS Auditorium, 111 Sanders Street, Helena, Montana, for the purpose of public review and comments.

A copy of the newly revised law controlling developmental disabilities is provided in Section V. The revisions were drawn by Council staff and approved by the Executive Committee. They were sponsored by a member of the Council who is a legislator.

Other legislation was drafted by Council staff and introduced by Council members. Although they did not receive approval, they resulted in a resolution for a legislative study which was passed and funded at approximately $100,000 for two years.

For the three months that the legislature met, one staff member spent approximately 75% of his time monitoring legislation, testifying before committees and informing Council members of pending hearings and other legislative activities.

1.2.3 Evaluation

The DD Division has developed a contract monitoring system. One new provision in the law is that the DD Division provide quarterly reports to the Council covering planning, program and fiscal activities. The Council plans to use the Division's report which will reflect not only the information required by law but information from the contract monitoring system reflecting the case received by individual clients. This will be the main evaluation tool.

Regional councils are mandated to perform an annual evaluation of services, by law, and send a written report to the State Council annually. The Board of Visitors evaluates services at the institutions. Using these two evaluations with the report from the Division should give the Council adequate information for evaluation.

The Council has also requested of the Governor's Office of Budget and Program Planning that we receive the A 95 (Comment and Review form) for all plans that deal with services to developmentally disabled persons. We have been assured that this will be done. While it is doubtful that the full Council can, in detail, review every applicable state plan, every effort will be made to do so, to the maximum extent possible.

Intended uses by the State Council of the information gathered are:

1. To monitor the effectiveness of community services as means of normalization for DD clients,

2. To monitor the effectiveness of the deinstitutionalization program in moving clients from institutions to community settings,

3. To use as a basis for the development of new services,

4. To utilize as information in systems advocacy programs, and

5. To project needs for future legislation.

1.3 SUMMARY OF GAPS IN SERVICES TO THE DD POPULATION

Gaps in services are documented extensively in regional council narratives. Certain needs, however, are common to all regions, such as: Information and Referral, Medical and Diagnostic Services, Employment Services, Advocacy and Community Living Services.

A serious need in Montana is a comprehensive data gathering mechanism. The Developmental Disabilities Planning and Advisory Council is doing what it can to encourage the creation of a more comprehensive and integrated mechanism for gathering data. There are, however, many different agencies and separate programs with their own specific requirements to be coordinated. Another is the need to encourage the development of more private service providers throughout the state, especially in the less populous counties. In conjunction with the latter, the access to existing services must be expanded to increase participation in sponsored programs that ensure the rights to a normalized life style for the developmentally disabled.

It is readily apparent that Montana has extensive gaps in the delivery of services. By looking at the maps, the extent of the gaps in these areas may be easily discerned for Region I and II. Since many of the services concerned are more often than not the responsibility of contracted services, the reason for the gaps becomes obvious. Private providers and contractors just do not exist in many areas of the state. Where they do exist, limits in capacity come into effect.

State provided services also suffer in this area. We have already noted the lack of data gathering capabilities. This extends, as well, to identification and referral. County social workers, vocational rehabilitation counselors and public health officials have little time to devote to developmentally disabled clients because of the demands of large general case loads. Finally, inadequate financial resources, for the development of programs, hiring more personnel or purchase of equipment to enable developmentally disabled persons to be more self sufficient, is always a major factor contributing to gaps in services.

In general, the state and the Council share certain needs: 1) the need for an evaluating mechanism that will judge not only the quantity of programs and number of clients, but the quality of these services for individual clients; 2) the need for inter-agency coordination - a real network for DD services, rather than the presently fragmented one is needed; 3) an increase in educating, advocating and influencing capabilities; and 4) provider training is a special need for the state and for the Council to be concerned about.

1.3.1 Service Needs

As can be seen from Tables 1-2 a and b, the need for direct and support services in Montana has been determined by applying the Louisiana prevalance rates to the total population. At this point the rest of the tables cannot be completed because the information is not available. That is, the agencies in Montana have not been able to estimate DD availability or utilization.

Exhibit 1.3.1 summarizes direct and support service needs and the rationale used to arrive at the figures. In reference to Table 1-2 b where blanks occur, the following applies:

- Montana projects an increase of 4172 developmentally disabled in the next five years. All will need diagnostic services.

- The substantially (22.5%) as well as the profoundly handicapped (33%) need personal care and transportation services. They also need financial assistance. This number comes to 21,978 needing these services (55.5% x 33,600 = 21,978).

1.3.2 Service Network Resources

The bulk of this information is presented in narrative form, attached to agency tables. One figure to make note of, however, is that of the DD Division, which is spending over $3,600 per client for 857 clients, resulting in a total state expenditure for client services of $3,157,356. Other figures for services are presented below. For specific agency budgets, refer to agency data in Section III.

All services are either provided directly by state agencies or through contracts to providers, who rely on federal and state funds. Contract providers are considered quasi-public agencies, and for purposes of the plan have been considered in the following paragraphs.

Dollar figures in this section may be somewhat misleading. Not all agencies are able to furnish information by category in the State Plan. For example, no budget figures are included from the regional mental health centers. Two institutions, Boulder River School & Hospital and Warm Springs State Hospital, do not have categorical breakdowns. Their totals are: BRSH - $8,317,906; WSSH - $15,739,601. Boulder's dollars are totally for DD clients, while WSSH represents a broader population. Eastmont Training School's budget does, however, lend itself to categorical breakdown and is, therefore, reflected in the following totals. Perhaps these institutional budgets might best be reflected in Domiciliary Care.

For domiciliary care, the state of Montana is spending $46,319 (Eastmont Training Center); for special living arrangements, $1,390,400; for preschool day care, $850,000; for preschool education and training,$85,006; for school age education, approximately $600,000, which is based on a small percentage of OSPI's $19 million budget and Eastmont; for school age training, $751,429; for adult education and training, $1,119,710; and for sheltered employment, $200,000. For indirect services Montana is spending: for diagnosis and evaluation, $671,983; for information and referral, $673,211; for counseling and protective socio-legal, $980,904; for follow-along, $46,280, for medical, $1,406,111; for dental, $105,753; for recreation, over $150,000; for personal care, $2,738,703; and for transportation, $447,237.

1.4 GOALS AND OBJECTIVES FOR THE DD SERVICE NETWORK

The major goals for the DD network can be classed in two categories: coordination of services and service development. The coordination and integration of services provided to the developmentally disabled is a major goal endorsed by the Council. It is reflected in activities such as data gathering, evaluation, improved service delivery systems, communication, and the development of the plan itself. The development of services is the second broad category of priorities. The need for new and innovative services is important not only for deinstitutionalization efforts, but for existing community programs, especially those in rural areas of the state.

1.4.1 Planned Activities for the DD Service Network

A number of agencies were unable to furnish current information due to conflicting fiscal year dates and time constraints. The Council has had input into the construction of agency goals and objectives, however; and these can be found in Section III of the plan, attached to agency tables.

1.4.2 Recommended Goals and Objectives for the DD Network

The long range goals and objectives for the DD network have not changed from last year. They are reprinted below. Also the reader is referred to Section III, agency data.

a. To assist in the development of a standardized format for establishing a system to identify and track the developmentally disabled population through various services and, as a consequence, to establish a data base.

b. To identify, plan and prioritize programs to meet the needs of the developmentally disabled population.

c. To improve evaluation and monitoring of state and local services and programming.

d. To identify, stimulate and influence community generic services to become further involved in providing services to help reduce service gaps.

e. To influence the community, including the legislative members, to acquire more understanding and knowledge of services and to support those which meet the needs of the developmentally disabled individual.

EXHIBIT
1.3.1 SERVICE NEEDS

	Autistic	Cerebral Palsied	Epileptic	Mentally Retarded
Domiciliary Care	50% = 200	26% = 884	10% = 750	50% under 20 w/IQ under 25 = 996 80% over 20 w/IQ under 25 = 2,421 25% under 20 w/IQ 25-50 = 680 50% over 20 w/IQ 25-50 = 2,219
Special Living	30% over 20 = .30 x 265 = 80	30% over 20 = .30 x 1900 = 57	8% over 20 = .08 x 1300 = 104	10% over 20 w/IQ over 50 = .10 x 6120 = 612
Day Care	100% 35 under 5 75% over 20 = .75 x 265 = 199	100% 300 under 5 15% over 20 = .15 x 2200 = 330	22.5% under 5 = .225 x 900 = 203	22.5% under 5 = .225 x 2650 = 596 22.5% of 5-20 = .225 x 6200 = 1395 all over 20 w/IQ under 50 = 7465
Education	22.5% of 5-20 = .225 x 100 = 23	22.5% of 5-20 = .225 x 1900 = 428	15% of 5-20 = .15 x 1300 = 195	90% of 5-20 will depend more than on sp. ed. svc. for over 50% of all ed. svc. = .90 x 6200 = 5580
Training	25% over 20 = .25 x 265 = 66	40% over 20 = .40 x 2200 = 880 .	15% over 20 = .15 x 5300 = 795	100% over 20 w/IQ over 50 = 6120

	Autistic	Cerebral Palsied	Epileptic	Mentally Retarded
Sheltered Employment	23% over 20 = .23 x 265 = 61	31% over 20 = .31 x 2200 = 682	30% over 20 = .30 x 5300 = 1590	40% over 20 w/IQ over 50 = 2448
Other Employment	2% over 20 = .02 x 265 = 5	9% over 20 = .09 x 2200 = 198	65% over 20 = .65 x 5300 = 3445	60% over 20 w/IQ over 50 = 3672

SUPPORT NEEDS

Diagnosis	Montana projects an increase of 4172 DD in the next five years. All will need diagnostic services.			
Evaluation	22.5% need eval. yearly = .225 x 400 = 90	22.5% need eval. yearly = .225 x 3400 = 765	40% need eval. yearly = .40 x 7500 = 3000	22.5% need eval. yearly & all 5-20 need eval. yearly = .225 x 161 = 36 3 + 6200 = 9823
I & R	All DD's need information and referral services = 33,643			
Counseling	22.5% of all = .225 x 400 = 90	98% = .98 x 3400 = 3332	60% = .60 x 7500 = 4500	22.5% and all 5-20 = .225 x 16100 + 6200 = 9823
Protective, Social, & Socio-Legal	All DD's need access to these services = 33,643			
Follow-Along	22.5% of all = .225 x 400 = 90	98% = .98 x 3400 = 3332	85% = .85 x 7500 = 6375	22.5% and all 5-20 = 9823
Medical Treatment	All DD persons need medical treatment = 33,643			
Dental Treatment	All DD persons, 33,643, need access to dental treatme			

	Autistic	Cerebral Palsied	Epileptic	Mentally Retarded
OT, PT, SP&H & Other	22.5% of all need 1 or more of these = .225 x 400 = 90	100% need 1 or more of these = 5,100	10% need 1 or more of these services = .10 x 7500 = 750	22.5% and all 5-20 = 9823

Recreation — Like all people, the developmentally disabled need access to recreation services.

Personal Care — Including financial assistance, the substantial (22.5%) as well as the profoundly handicapped (33%) need this service = 55.5% = .555 x 33,600 = 21,978

Transportation — The substantially handicapped and profoundly handicapped need access to transportation services = 55.5% = .555 x 33,600 = 21,978

SUMMARY TABLE 3-1
RESPONSIBLE AGENCY, PROGRAMS, AND TYPES OF SERVICE AVAILABLE TO THE DEVELOPMENTALLY DISABLED

(DDSP 3.1)

PUBLIC & PRIVATE SERVICE PROVIDERS	SERVICES																								
	DIRECT											SUPPORT													
	RESIDENTIAL		DAY PROGRAMS							EMPLOYMENT		COMMUNICATION			CASE MANAGEMENT			TREATMENT			FAMILY PROGRAM SUPPORT			
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	PRE-SCHOOL DAY CARE	PRE-SCHOOL EDUCATION/TRAINING	SCHOOL AGE DAY CARE	SCHOOL AGE EDUCATION	SCHOOL AGE TRAINING	ADULT DAY CARE	ADULT EDUCATION/TRAINING	SHELTERED EMPLOYMENT	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION & REFERRAL	COUNSELING	PROTECTIVE AND OTHER SOCIO-LEGAL SERVICES	FOLLOW-ALONG	MEDICAL	DENTAL	OT, PT, SP&H, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION	
1																									
Department of Institutions																									
Boulder River School & Hospital (BRSH)	x		x	x	x	x	x		x			x	x	x	x			x	x	x	x	x	x		
Eastmont Training Center	x		x	x	x	x	x					x	x	x	x	x		x	x	x	x	x			
Warm Springs State Hospital	x					x			x		x	x	x	x		x		x	x	x			x		
Galen State Hospital																									
Regional Mental Health	x							x	x			x	x		x	x	x					x			
Dept. of Social & Rehab. Svc																									
Developmental Disabilities Division		x							x	x							x					x	x		
Region I Providers		x	x				x				x	x	x	x	x	x	x				x	x	x		
Region II Providers		x					x			x			x	x	x	x			x		x	x	x		
Region III Providers		x		x			x		x	x		x	x	x	x						x	x	x		
Region IV Providers		x		x			x		x	x		x		x		x			x		x		x		
Region V Providers		x								x		x	x	x	x	x	x		x				x		
Division of Social Services		x																							
Division of Rehab. Services							x		x	x			x		x			x					x		
Dept. of Health & Envir. Sciences												x		x	x			x	x			x			
Office of Supt. of Public Instruction		x		x		x							x										x		

TABLE I-2a

SUMMARY OF DIRECT SERVICE GAPS BY DISABILITY (DDSP I.5)

SERVICE REGION: Montana	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			ADULT		SCHOOL AGE			PRE-SCHOOL			
	Community Care Facility Beds Avail.	Community Care Facility Beds Needed	Day Care	Alternative Living	Special Education	Education	Training	Day Care	Education/ Training	Sheltered	Other
	2	3	4	5	6	7	8	9	10	11	12
STATE TOTALS											
DD SERVICE POPULATION	8,150	853	1,134	---	1,395	6,226	---	7,994	7,861	4,781	7,320
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											
AUTISM											
DD SERVICE POPULATION	200	80	35	---	---	23	---	199	66	61	5
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											
CEREBRAL PALSY											
DD SERVICE POPULATION	884	57	300	---	---	428	---	330	880	682	198
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											
EPILEPSY											
DD SERVICE POPULATION	750	104	203	---	---	195	---	---	795	1,590	3,445
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											
MENTAL RETARDATION											
DD SERVICE POPULATION	6,316	612	596	---	1,395	5,580	---	7,465	6,120	2,448	2,672
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											

TABLE 1-2b

SUMMARY OF SUPPORT SERVICE GAPS BY DISABILITY (DDSP 1.3)

SERVICE REGION Montana	SUPPORT SERVICES											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPPORT		
1	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective, Social, Socio-Legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & H other Special 10	Recreation 11	Personal Care 12	Transportation 13
STATE TOTALS												
DD SERVICE POPULATION	4,172	13,678	33,600	17,745	33,600	19,620	33,600	33,600	14,063	33,600	21,978	21,978
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG PER/CAPITA COST												
AUTISM												
DD SERVICE POPULATION		90	400	90	400	90	400	400	90	400	---	---
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG PER/CAPITA COST												
CEREBRAL PALSY												
DD SERVICE POPULATION		765	3,400	3,332	3,400	3,332	3,400	3,400	3,400	3,400	---	---
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG PER/CAPITA COST												
EPILEPSY												
DD SERVICE POPULATION		3,000	7,500	4,500	7,500	6,375	7,500	7,500	750	7,500	---	---
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG. PER/CAPITA COST												
MENTAL RETARDATION												
DD SERVICE POPULATION		9,823	22,300	9,823	22,300	9,823	22,300	22,300	9,823	22,300	---	---
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG PER/CAPITA COST												

TABLE 1-4
SUMMARY OF RECOMMENDED DD SERVICE NETWORK
GOALS, OBJECTIVES AND ACTIVITIES FOR PLAN YEAR (DDSP 1.4.1)

GOALS			OBJECTIVES		ACTIVITIES	
PRIORITY NO 1	RESPONSIBLE AGENCY 2	DESCRIPTION 3	PRIORITY NO 4	DESCRIPTION 5	PROJECT & IMPLEMENTATION DESCRIPTION 6	TOTAL FUNDS ALLOCATED 7
1	Council	Coordination of services and service development.		Establish a data base. Coordinate the service network. Develop the DD State Plan.	Data gathering, evaluation, improved service delivery systems, communication to network agencies, and development of a more comprehensive DD State Plan.	
2	Council	Development of better services to the developmentally disabled.		Develop a system for deinstitutionalization and community based services. Implement the DD/MAP.	Expanded deinstitutionalization efforts and new and innovative services for existing community programs especially in the rural areas of the state.	

TABLE 1-5
RECOMMENDED GOALS AND OBJECTIVES FOR DD SERVICE NETWORK

(DDSP 1.4.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
	SUGGESTED PRINCIPAL AGENCY	DESCRIPTION	PRIORITY NO.	DESCRIPTION	PRIORITY NO.	DESCRIPTION
	2	3	4	5	6	7
	All agencies and DDPAC	Improve service delivery to all developmentally disabled in Montana.		To assist in the development of a standardized format for establishing a system to identify and track the developmentally disabled population through various services and, as a consequence, to establish a data base.		Assist in the development of a standardized format for establishing a system to identify and track the DD population through various services and to establish a data base.
		Assess the current needs of the DD population, including those of the Crow Indians.		To identify, plan and prioritize programs to meet the needs of the developmentally disabled population.		Identify, plan and prioritize programs to meet the needs of the DD population.
		Evaluate and monitor the DD Service Network.		To improve evaluation and monitoring of state and local services and programming.		Improve evaluation and monitoring of state and local services and programming.
		Reduce service gaps.		To identify, stimulate and influence community generic services to become further involved in providing services to help reduce service gaps.		Identify, stimulate and influence community generic services to become further involved in providing services to help reduce service gaps.
		Implement a public awareness campaign to influence better service delivery to the DD population.		To influence the community, including the legislative members, to acquire more understanding and knowledge of services and to support those which meet the needs of the DD individual.		Influence the community, including the legislative members, to acquire more understanding and knowledge of services and to support those which meet the needs of the DD individual.
		Plan and implement the Montana Advocacy Program (DD/MAP)				

SECTION II

CURRENT AND POTENTIAL

SERVICE NEEDS OF THE DD POPULATION

SECTION II

CURRENT AND POTENTIAL SERVICE NEEDS OF THE DD POPULATION

This section of the Developmental Disabilities State Plan describes the basic characteristics of the developmentally disabled population of the state of Montana and the estimated service needs of this population.

2.1 DESCRIPTION OF THE DD POPULATION

Table 2-1 of the DDSP, FY 1978, shows a total of 33,643 developmentally disabled in Montana. Of the total figure, 22,411 are mentally retarded and 11,237 are either cerebral palsied, epileptic or autistic. The figures are arrived at by applying the nationally accepted statistics of 3% mentally retarded and 1.5% combined disabled for the other categories. For the purposes of planning, the substantially handicapped can be considered the target population.

For the purposes of completing Tables 2-5 and 2-6, figures were derived by modifying percentages derived from the Louisiana plan, which tied needs for service to type and severity of disability. Louisiana uses the following base figures: M.R. - 3%, Autism - .05%, C.P. - .45%, Epilepsy - 2%, for a total of 5.5%. Montana considers 22.5% of all DD's to be substantially handicapped. These figures, with the exception of the one for Epilepsy, which was halved to 1%, were accepted by Montana as a realistic estimate for determining the numbers and types of disabilities found in the state.*

Other modifications were also made to ease the statistical analysis. Numbers of the disabled in each category were rounded to give the following breakdown: Autism - from 374 to 400, C.P. - from 3,371 to 3,400, Epilepsy - from 7,492 to 7,500, and M.R. from 22,411 to 22,300, to produce a total for Montana of 33,600 rather than 33,643.

Because Montana, at present, lacks sufficient sophistication in data gathering, it was necessary to go outside the state for these projections. Louisiana, although more urban in nature, was thought to approximate the rural nature of the service delivery system, close enough, for valid comparisons to be made.

2.1.1 DD Population Definitions

Developmental Disabilities - "Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals, which condition has continued

* It should also be noted that the .05% prevalance rate for Autism will be reexamined for next year's plan as it was not completely approvable by Council members.

or can be expected to continue indefinitely and constitutes a substantial handicap of such individuals." Taken from 1974 Montana Developmental Disabilities Services and Facilities Act---38-1202(4), R.C.M., 1947. Montana estimates that 4.5% of its general population is developmentally disabled.

Mental Retardation - "Significantly subaverage general intellectual functioning exists concurrently with deficits in adaptive behavior and manifested during the developmental period." (AAMD, JCAH) In this definition the term "significantly" refers to two (2) standard deviations below the mean on a standardized intelligence test which is administered on an individual basis. "Mentally retarded refers to a person (1) with significant subaverage general intellectual functioning; (2) which originated during the developmental period (birth to 18 years of age - AAMD); and (3) who does not exhibit acceptable adaptive behavior. All three criteria must be met before a person is so classified. Subaverage general intellectual functioning is regarded as approximately 1.6 standard debiations below the population mean (I.Q. of approximately 75 for the age group involved as determined by an individual test of general intellectual functioning.)" (SE) It is estimated that approximately 3% of the Montana population is Mentally Retarded.

Epilepsy - a disorder of the brain; seizures are the primary symptom of epilepsy. There are several types of epilepsy and seizures. Seizures result from intermittent imbalance of the electrical activity of the brain. Approximately 2% of all Montana residents are expected to be epileptic.

Autism - a poorly understood disorder in which the person does not respond normally to external stimulation and seems to "live in a world of his own. Professionals commonly disagree on the nature, cause and treatment of this disorder. It is assumed that about .05% of the Montana population is Autistic.

Levels of Disability - In conjunction with using the Louisiana projections, Montana has adopted a modified version of NARC's guidelines on severity of a disability. Montana's figure of 22.5% substantially handicapped represents the number of profoundly handicapped, for M.R. = I.Q. below 25, for severely handicapped 33%, for M.R. = I.Q. of 25-50, and for mildly handicapped 45.5%, for M.R. = I.Q. above 50.

Client - "A person who is mentally retarded or otherwise developmentally disabled, and who needs some form of specialized or generic service related to his mental or physical impairment. The terms person, disabled person, or disabled are sometimes used in place of client." (JCAH)

Figure 2-1 is a map displaying the five service region boundaries in Montana which are the same for all services. No map of urban/rural areas is necessary as Montana is predominantly rural, with less than two people per square mile. At this time it is impossible to include a map showing poverty areas as all of Montana has been designated as a poverty area.

Montana has a population of approximately 747,000. The total of developmentally disabled is approximately 33,643; of these 22,411 are diagnosed as mentally retarded, 11,178 are afflicted with cerebral palsy, epilepsy and autism. The estimated disbursement of the DD population by county is shown on Table 2-1.

Approximately 7,567 of the DD population are considered substantially handicapped. This figure was derived by using the figure of 22.5% to represent the substantially handicapped. This figure is a compromise figure agreed to by the major state agency dealing with the developmentally disabled and the Developmental Disabilities Planning and Advisory Council. It is probably too low a figure but, for the purposes of the State Plan, will be used throughout.

Montana, the fourth largest state in the nation, is ranked forty-seventh in total population. It is essentially rural in nature with less than two persons per square mile. For administrative purposes it is divided into five regions. Specific statistics on poverty are not readily available. Using county averages for households with income less than $5,000 and comparing that percentage with the number of known DD households, the figures in Table 2-3/2-4 were computed. These show that:

REGION	TOTAL DD	PERCENTAGE POVERTY	NUMBER OF POVERTY DD
Region I	4,302	11.8%	510
Region II	6,676	11.0%	738
Region III	6,642	11.0%	744
Region IV	8,214	8.4%	693
Region V	7,809	11.2%	880

No estimates are available for the number of people above poverty level who would make use of other social service programs and funds.

Five year projections proposed by the Governor's Office of Budget and Program Planning show an expected increase of approximately 4,200 developmentally disabled. Close to 1,000, or 1/4 of that increase, is expected to be substantially handicapped. This data is alarming when considered in the light of recent budget cuts which will allow, with certain econimics, a maintenance of the present effort; but, provide little for any expected increase in need for services.

Talbe 2-2 shows that the greatest number of developmentally disabled are over the age of 20; 12,912 are 20 and over. The next highest category is made up of school agers; with a total of 7,937 falling between the ages of 5 and 19. In the preschool group, 2,663 children are projected to be developmentally disabled. These last two figures will be important for Montana's human service delivery system to note in view of the passage of the special education law, PL 94-142.

2.2 DIRECT SERVICE NEEDS OF THE DD POPULATION

As described in the HEW Guidelines and Regulations, there are 16 basic services for the developmentally disabled:

1. Evaluation
2. Diagnostic
3. Treatment
4. Day Care
5. Training
6. Education

7. Sheltered Employment
8. Recreation
9. Personal Care
10. Domiciliary Care
11. Special Living Arrangements
12. Counseling
13. Information and Referral
14. Follow-Along
15. Protective and other Social and Socio-legal Service
16. Transportation

Six are considered under the direct service category:

Day Care Services

Comprehensive and coordinated sets of activities providing personal care and other services to preschool, school-age and adult developmentally disabled individuals outside of their own homes during a portion of a 24-hour day. Services include a variety of creative, social, physical and learning activities based on an appropriate evaluation and designed to provide at least personal care, training, counseling and recreation services carried out under careful supervision. They may be organized as either:

a. Developmental Services for Children - Activities emphasizing maturation of children and supplementing the services being provided by their parents or parent surrogates; or

b. Activity Programs for Adults - Activities which emphasize occupational and social goals which assist adults to become as self-dependent as possible and to make constructive use of leisure time.

Day care services may be appropriate for developmentally disabled children not yet ready for formal training programs, for children who need supervision after school hours (including weekends and vacation periods) and for developmentally disabled adults.

Training Services

Provision of a planned and systematic sequence of instruction in formal and informal activities based on appropriate evaluation and objectives, designed to (1) develop skills in performing activities of daily living including self-help, motor and communication skills; (2) enhance emotional, personal and social development, or (3) provide experiences for gaining useful occupational and pre-vocational skills.

Training services may be provided to preschool children to accelerate development and to compensate for deficiencies related to their disabilities; to school-age children not yet ready for or excluded from formal education services; and for adults who need occupational skills but whose abilities severely limit their work output.

Education Services

Provision to developmentally disabled children and adults not eligible for public school classes (regular or special) of structured learning experiences, based upon appropriate evaluations, through the use of a broad and varied curriculum of practical academic subjects primarily designed to develop ability to learn and acquire useful knowledge and basic skills, and to improve the ability to apply them to everyday living.

EMPLOYMENT SERVICES:

Sheltered Employment Services

Provision of a structured program of activities involving work evaluation, work adjustment, occupational skill training and paid, part-time or full-time employment for those who cannot be readily absorbed into the labor market because of severe disability(ies). Such services may be provided in a center or in the developmentally disabled individual's place of residence.

Regular Employment Services are geared at those who are able to compete in the everyday employment market.

RESIDENTIAL SERVICES:

Domiciliary Care Services

Provision of living quarters, personal care, and supervision for persons needing care on a 24-hour-a-day basis.

Domiciliary Care Services differ from Special Living Arrangements by the degree of supervision and the amount of personal care provided. It may be provided in such quarters as nursing homes, foster homes or other residential facilities.

Special Living Arrangements Services

Provision of living quarters for persons who need some degree of supervision. Special Living Arrangements Services must include at least counseling and leisure-time activities.

Special Living Arrangements Services are for developmentally disabled persons who can leave the place of residence for work, recreation or other reasons. Such persons will probably not be heavily dependent on Personal Care Services, which may be less intense than in Domiciliary Care, or may be omitted, depending on the needs of the persons served.

2.2.1 Residential Service Needs

Those needing domiciliary care are: (A) 50% of the Autistic population - 200 individuals, (B) 26% of the C.P. population - 884 individuals, (C) 10% of the Epileptic population - 750 individuals, (D) 50% of the M.R. individuals with I.Q. below 25 and under 20 years old, 996 persons; 80% of those with I.Q. below 25

and older than 20, 2,421 persons; 25% of those with I.Q. 25-50 and under 20 years, 680 persons; and 50% of those with I.Q. 25-50 over 20 years, 2,219 persons.

Those needing special living arrangements are: Autistic, 30% of those over 20 - 80 persons; C.P., 30% of those over 20 - 57 persons; Epileptic, 8% of those over 20 - 104 persons; and M.R., 10% of those over 20 with I.Q. above 50 - 612 persons.

2.2.2 Day Activity Programs

Those needing day care are: Autistic, 100% of those under 5 - 35 persons, and 75% of those over 20 - 199 persons; C.P., 100% of those under 5 - 300 persons, and 15% of those over 20 - 330 persons; Epileptic, 22.5% of those under 5 - 203 persons; and M.R., 22.5% of those under 5 - 596 persons, 22.5% of those 5-20 - 1,395 persons, and 100% of those over 20 who are severely or profoundly retarded - 5,580 persons.

Those needing education services are: The substantially handicapped (22.5%), between the ages of 5-20, of Autistic and Cerebral Palsied - 23 and 428 persons, respectively; 15% of the Epileptics between 5 and 20 - 195 persons; and 90% of the Mentally Retarded between the ages of 5 and 20 will depend on special education services for more than 50% of all education services.

Those needing training services are: Autistic, 25% of those over 20 - 66 persons; C.P., 40% of those over 20 - 880 persons; Epileptic, 15% of those over 20 - 795 persons; M.R., 100% of those over 20 with I.Q. above 50 (mildly retarded) - 6,120 persons.

2.2.3 Employment Needs

Those needing sheltered employment are: Autistic, 23% of those over 20 - 61 persons; C.P., 31% of those over 20 - 682 persons; Epileptic, 30% of those over 20 - 1,590 persons; M.R., 40% of those over 20 who are mildly handicapped - 2,448 persons.

Those needing other employment services are: Autistic, 2% of those over 20 - 5 individuals; C.P., 9% of those over 20 - 198 individuals; Epileptic, 65% of those over 20 - 3,445 individuals; and M.R., 60% of those over 20 with IQ above 50 - 3,672 persons.

SUMMARY OF DIRECT SERVICE NEEDS

	Autistic	Cerebral Palsied	Epileptic	Mentally Retarded
Domiciliary Care	50% = 200	26% = 884	10% = 750	50% under 20 w/IQ under 25 = 996 80% over 20 w/IQ under 25 = 2,421 25% under 20 w/IQ 25-50 = 680 50% over 20 w/IQ 25-50 = 2,219
Special Living	30% over 20 = .30 x 265 = 80	30% over 20 = .30 x 1900 = 57	8% over 20 = .08 x 1300 = 104	10% over 20 w/IQ over 50 = .10 x 6120 = 612
Day Care	100% 35 under 5 75% over 20 = .75 x 265 = 199	100% 300 under 5 15% over 20 = .15 x 2200 = 330	22.5% under 5 = .225 x 900 = 203	22.5% under 5 = .225 x 2650 = 596 22.5% of 5-20 = .225 x 6200 = 1395 all over 20 w/IQ under 50 = 7465
Education	22.5% of 5-20 = .225 x 100 = 23	22.5% of 5-20 = .225 x 1900 = 428	15% of 5-20 = .15 x 1300 = 195	90% of 5-20 will depend more than on sp. ed. svc. for over 50% of all ed. svc. = .90 x 6200 = 5580
Training	25% over 20 = .25 x 265 = 66	40% over 20 = .40 x 2200 = 880	15% over 20 = .15 x 5300 = 795	100% over 20 w/IQ over 50 = 6120

	Autistic	Cerebral Palsied	Epileptic	Mentally Retarded
Sheltered Employment	23% over 20 = .23 x 265 = 61	31% over 20 = .31 x 2200 = 682	30% over 20 = .30 x 5300 = 1590	40% over 20 w/IQ over 50 = 2448
Other Employment	2% over 20 = .02 x 265 = 5	9% over 20 = .09 x 2200 = 198	65% over 20 = .65 x 5300 = 3445	60% over 20 w/IQ over 50 = 3672

2.3 SUPPORT SERVICE NEEDS OF THE DD POPULATION

The remainder of the sixteen services provided for under PL 94-103 are grouped under four service categories as follows:

IDENTIFICATION SERVICES:

Evaluation Services

The application of techniques for the systematic appraisal of pertinent physical, psychological, vocational, educational, cultural, social, economic, legal, environmental and other factors of the developmentally disabled individual and his family (1) to determine how and to what extent the disabling conditions may be expected to be removed, corrected or minimized by services; (2) to determine the nature and scope of services to be provided; (3) to select the service objectives which are commensurate with the developmentally disabled individual's interests, capacities and limitations; and (4) to devise an individualized program to action; to be followed, at the intervals needed, by periodic reappraisals.

The particular techniques to be used will depend on the particular service to be provided and on personal factors such as the developmentally disabled individual's age and functional level, primary and other disabilities, among others.

Diagnostic Services

The provision of coordinated services, including, but not limited to, psychological services, social services, medical and other services necessary to identify the presence of a developmental disability, its cause and complications, and to determine the extent to which the disability limits (or is likely to limit) the individual's daily living and work activities.

Information and Referral Services

The basic service is to the provision of an up-to-date, complete listing of all appropriate resources from which appropriate selections can be made available and quickly accessible to professional persons serving the developmentally disabled individual and his family. It is important that a professionally responsible person be the point of contact between the individual or family and the Information and Referral Service, so that it may be advisable to provide a counseling

service in connection with the I&R Service. It is also highly advisable for a skilled, professional person to develop the listing of services in order to provide proper linkages with other agencies; but it is not necessary for the staff who search the listings for particular resources to be professional.

The I&R Service can also develop Public Information activities with regard to the problems of the developmental disability.

CASE MANAGEMENT SERVICES:

Counseling Services

Giving of professional guidance on the basis of knowledge of human behavior and the use of special inter-personal skills to achieve specified goals, such as making a determination of appropriate resources, assisting the developmentally disabled individual and his family to understand his capacities and limitations; setting of short and long range goals, including vocational; and providing solutions to problems that interfere with the developmentally disabled individual's participation in needed services. The professional discipline of the counselor will depend on the goals and nature of the counseling service.

Follow-Along Services

Establishment and maintenance of a counseling relationship on a life-long basis with developmentally disabled individuals and their families, as desired, for the purpose of assuring that anticipated changes in needs and/or needs arising from crises are recognized and appropriately met.

Protective and Other Social and Socio-Legal Services

Provision of a system of continuing legal, social and other appropriate services designed to assist individuals who are unable to manage their own resources or to protect themselves from neglect, exploitation or hazardous situations without assistance from others and to help them exercise their rights as citizens.

TREATMENT SERVICES:

Provision of coordinated interventions which halt, control or reverse processes which cause, aggravate or complicate developmental disabilities. The interventions may include dental and medical treatments, such as surgical procedures, psychiatry, dietary controls, or chemotherapy, physical therapy, occupational therapy, behavior-therapy, counseling and other special treatment services as indicated by the needs of the developmentally disabled individuals being served.

FAMILY/PROGRAM SUPPORT SERVICES:

Recreation Services

Provision of planned and supervised activities designed to (1) help meet specific individual therapeutic needs in individual self-expression, social interaction and entertainment; (2) develop skills and interest leading to enjoyable and constructive use of leisure time; and (3) improve well being.

Personal Care Services

Services designed to maintain health and well being, including the provision of food, shelter and clothing as required, to prevent regression and other complications. Personal care services must be provided in conjunction with one or more other appropriate services.

Transportation

Provision of necessary travel and related costs in connection with transporting developmentally disabled individuals and where necessary members of their families, to and from places in which they are receiving other services. Transportation may also include taking services to the homebound as well as delibery of raw materials and pick-up of the finished product from homebound industries, where indicated.

2.3.1 Identification Service Needs

Diagnosis - Montana projects an increase of 4,172 in the number of developmentally disabled in the next five years. All will need diagnostic services.

Those needing evaluations on a yearly basis are: Autistic, 22.5% - 90 persons; C.P., 22.5% - 765 persons; Epileptic, 40% - 3,000 persons; M.R., 22.5% of those under 5 and over 20 - 3,623 persons, and all those of school age, 100% between 5 and 19 - 6,200 persons, for a total of 9,823 persons.

Information and Referral - All DD persons need these services - 33,643 persons.

2.3.2 Case Management Service Needs

Those who need counseling are: Autistic, 22.5% - 90 persons; C.P., 98% - 3,332 persons; Epileptic, 60% - 4,500 persons; M.R., 22.5% of those under 5 and over 20, and all between 5 and 19 - 9,823 persons.

Protective, Social and Socio-Legal Services: All DD persons, 33,643, need access to these services.

Those who need follow-along services are: Autistic, 22.5% - 90 persons; C.P., 98% - 3,332 persons; Epileptic, 85% - 6,373 persons; and M.R., 22.5% of those under 5 and over 20 and 100% of those between 5 and 19 - 9,823 persons.

2.3.3 Treatment Service Needs

Medical Treatment: 100% of all categories of DD need medical services - 33,643 persons.

Dental Treatment: 100% of all categories of DD need access to these services - 33,643 persons.

Those who need O.T., P.T., SP & H, and Other Services are: Autistic, 22.5% need one or more of these services - 90 persons; C.P., 100% need one or more of these services - 3,400 persons; Epileptic, 10% need one or more of these services - 750 persons; M.R., 22.5% of those under 5 and over 20 and all between 5 and 20 need one or more of these services - 9,823 persons.

2.3.4 Family/Program Support Services

Recreation - Like all people, the developmentally disabled need access to recreation services.

Personal Care - Including financial assistance, the substantial, 22.5%, as well as the severely handicapped, 33%, need these services; 55.5% total - 21,978 persons.

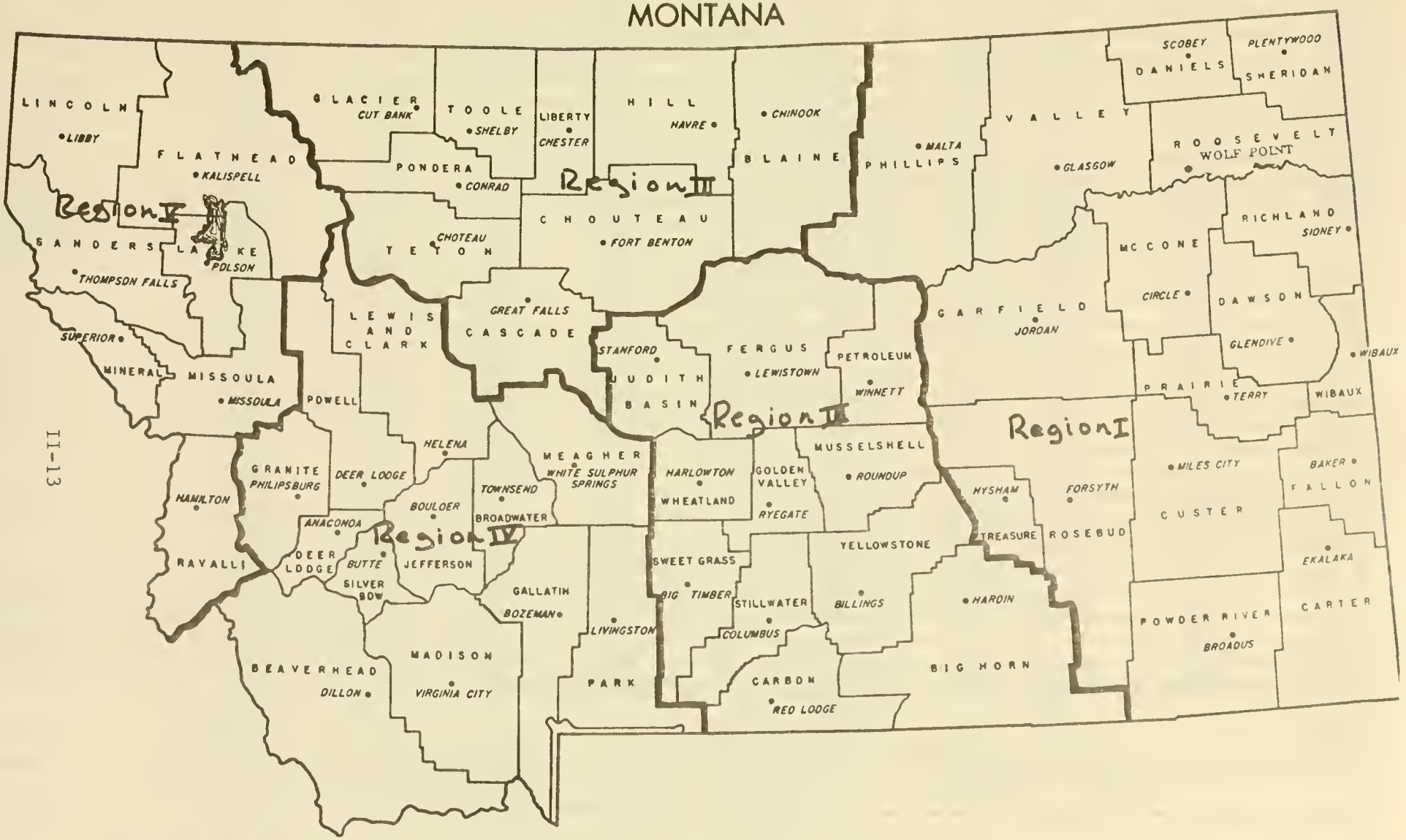
Transportation - The substantially handicapped, 22.5%, and the severely handicapped 33%, will likely need special services in this area, 55.5% total - 21,978 persons.

SUMMARY OF SUPPORT SERVICE NEEDS

	Autistic	Cerebral Palsied	Epileptic	Mentally Retarded
Diagnosis	Montana projects an increase of 4172 DD in the next five years. All will need diagnostic services.			
Evaluation	22.5% need eval. yearly = .225 x 400 = 90	22.5% need eval. yearly = .225 x 3400 = 765	40% need eval. yearly = .40 x 7500 = 3000	22.5% need eval. yearly & all 5-20 need eval. yearly = .225 x 16100 = 3623 + 6200 = 9823
I & R	All DD's need information and referral services = 33,643			
Counseling	22.5% of all = .225 x 400 = 90	98% = .98 x 3400 = 3332	60% = .60 x 7500 = 4500	22.5% and all 5-20 = .225 x 16100 + 6200 = 9823
Protective, Social, & Socio-Legal	All DD's need access to these services = 33,643			

	Autistic	Cerebral Palsied	Epileptic	Mentally Retarded
Follow-Along	22.5% of all = .225 x 400 = 90	98% = .98 x 3400 = 3332	85% = .85 x 7500 = 6375	22.5% and all 5-20 [illegible]3
Medical Treatment	All DD persons need medical treatment 33,643			
Dental Treatment	All DD persons, 33,643, need access to dental [illegible]			
OT, PT, SP&H & Other	22.5% of all need 1 or more of these = .225 x 400 = 90	100% need 1 or more of these = 3400	10% need 1 or more of these services = .10 x 7500 = 750	22.5% and all [illegible] = 9823
Recreation	Like all people, the developmentally disabled need access to recreation services.			
Personal Care	Including financial assistance, the substantial (22.5%) as well as the profoundly handicapped (33%) need this service = 55.5% = .555 x 33,600 = 21,[illegible]8			
Transportation	The substantially handicapped and profoundly handicapped need access to transportation services = 55.5% = .555 x 33,600 = 21,978			

FIGURE 2-1
SERVICE REGION BOUNDARIES



III-13

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TABLE 2-1
ESTIMATED CURRENT AND PROJECTED DD POPULATION
BY TYPE OF DISABILITY INCLUDING THE SUBSTANTIALLY DISABLED

(DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION	PLAN YEAR							PROJECTED - 5 YEAR						
	TOTAL POPULATION YEAR 1975	TOTAL DD POP.	MR	CP	E	A	NO. SUBST	TOTAL POPULATION YEAR 1980	TOTAL DD POP.	MR	CP	E	A	NO. SUBSTA
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Beaverhead	8,300	374	249		125		84	8,100	365	243		122		82
Big Horn	10,900	491	327		164		110	12,600	567	378		189		128
Blaine	6,800	306	204		102		69	7,000	315	210		105		71
Broadwater	2,800	126	84		42		28	3,300	149	99		50		34
Carbon	7,700	347	231		116		78	8,800	396	264		132		89
Carter	1,900	86	57		29		19	1,800	81	54		27		18
Cascade	84,600	3,807	2,535		1,272		857	90,600	4,077	2,715		1,362		917
Chouteau	6,200	279	186		93		63	5,800	261	174		87		59
Custer	12,000	540	360		180		122	11,900	536	357		179		121
Daniels	3,000	135	90		45		30	2,900	131	87		44		29
Dawson	10,300	464	309		155		104	9,400	423	282		141		95
Deer Lodge	15,200	684	456		228		154	14,400	648	432		216		146
Fallon	4,000	180	120		60		41	3,900	176	117		59		40
Fergus	12,800	576	384		192		130	13,800	621	414		207		140
Flathead	44,200	1,989	1,325		664		448	55,300	2,489	1,657		832		560
Gallatin	38,800	1,746	1,163		583		393	51,300	2,309	1,537		772		519
Garfield	1,600	72	48		24		16	1,300	59	39		20		13
Glacier	11,600	522	348		174		117	13,200	594	396		198		134
Golden Valley	900	41	27		14		9	900	41	27		14		9
Granite	2,700	122	81		41		27	2,500	113	75		38		25
Hill	17,900	806	537		269		181	18,700	842	560		282		189
Jefferson	7,200	324	216		108		73	8,500	383	255		128		86
Judith Basin	2,700	122	81		41		27	2,800	126	84		42		28
Lake	17,000	765	510		255		172	21,300	959	639		320		216
Lewis & Clark	36,900	1,661	1,106		555		374	44,800	2,016	1,343		673		454
Liberty	2,500	113	75		38		25	2,900	131	87		44		29
Lincoln	15,800	711	474		237		160	13,500	608	405		203		137
McCone	2,700	122	81		41		27	2,400	108	72		36		24
Madison	5,800	261	174		87		59	6,900	311	207		104		70
Meagher	2,200	99	66		33		22	2,400	108	72		36		24
Mineral	3,500	158	105		53		36	4,200	189	126		63		43
Missoula	66,500	2,993	1,993		1,000		673	82,000	3,690	2,458		1,232		830
Musselshell	4,100	185	123		62		42	4,300	194	129		65		44
Park	12,000	540	360		180		122	12,500	563	375		188		127

TABLE 2-1
ESTIMATED CURRENT AND PROJECTED DD POPULATION
BY TYPE OF DISABILITY INCLUDING THE SUBSTANTIALLY DISABLED

(DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION 1	PLAN YEAR 1							PROJECTED - 5 YEAR						
	TOTAL POPULATION YEAR 1975 2	TOTAL DD POP. 3	MR 4	CP 5	E 6	A 7	NO. SUBST 8	TOTAL POPULATION YEAR 1980 9	TOTAL DD POP. 10	MR 11	CP 12	E 13	A 14	NO. SUBSTA 15
Petroleum	700	32	21		11		7	600	27	18		9		6
Phillips	5,400	243	162		81		55	5,700	257	171		86		58
Pondera	6,900	311	207		104		70	7,800	351	234		117		79
Powder River	2,300	104	69		35		23	2,000	90	60		30		20
Powell	7,400	333	222		111		75	8,400	378	252		126		85
Prairie	1,900	86	57		29		19	2,100	95	63		32		21
Ravalli	18,500	833	555		278		187	23,500	1,058	705		353		238
Richland	9,700	437	291		146		98	9,300	419	279		140		94
Roosevelt	10,000	450	300		150		101	9,300	419	279		140		94
Rosebud	9,300	419	279		140		94	10,600	477	318		159		107
Sanders	8,000	360	240		120		81	9,500	428	285		143		96
Sheridan	5,400	243	162		81		55	4,800	216	144		72		49
Silver Bow	43,200	1,944	1,296		648		437	46,900	2,111	1,407		704		475
Stillwater	5,300	239	159		80		54	6,100	275	183		92		62
Sweet Grass	2,900	131	87		44		29	2,900	131	87		44		29
Teton	6,500	293	195		98		66	7,400	333	222		111		75
Toole	5,300	239	159		80		54	4,700	212	141		71		48
Treasure	1,200	54	36		18		12	1,500	68	45		23		15
Valley	13,300	599	399		200		135	16,600	747	498		249		168
Wheatland	2,300	104	69		35		23	1,900	86	57		29		19
Wibaux	1,500	68	45		23		15	1,500	68	45		23		15
Yellowstone	97,300	4,379	2,916		1,463		985	109,200	4,914	3,272		1,642		1,106
REGION I.	95,500	4,302	2,865		1,437		966	97,000	4,370	2,910		1,460		981
REGION II.	148,300	6,676	4,446		2,230		1,502	158,100	7,116	4,739		2,377		1,601
REGION III.	147,600	6,642	4,425		2,222		1,494	164,400	7,400	4,928		2,467		1,665
REGION IV.	182,500	8,214	5,473		2,741		1,848	211,200	9,508	6,333		3,175		2,139
REGION V.	173,500	7,809	5,202		2,607		1,757	209,300	9,421	6,275		3,146		2,120
STATE	747,400	33,643	22,411		11,237		7,567	840,000	37,815	25,185		12,625		8,506

TABLE 2-2

ESTIMATED CURRENT AND PROJECTED DD POPULATION
BY AGE GROUP AND TYPE OF DISABILITY

(DDSP 2,1,2)

GEOGRAPHIC SUBDIVISION	General Population		AGE GROUP: Below 5 years (name) 0 (yrs. old) THROUGH 4 (yrs. old)													
			PLAN YEAR						PROJECTED							
	TOTAL POP	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E	A	SUBSTANTIAL	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E		SUBSTANTIAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
troleum	700	58	3	2		1		0	NA	NA	NA	NA	NA	NA	NA
illips	5,400	384	17	11		5		4							
ndera	6,900	510	23	15		8		5							
wder River	2,300	208	9	6		3		2							
well	7,400	562	25	17		8		6							
airie	1,900	150	7	5		2		1							
valli	18,500	1,195	54	36		18		12							
chland	9,700	879	40	27		13		9							
osevelt	10,000	1,041	47	31		16		11							
sebud	9,300	770	35	23		12		8							
nders	8,000	644	29	19		10		7							
eridan	5,400	320	14	9		5		3							
ver Bow	43,200	3,372	152	101		51		34							
llwater	5,300	332	15	10		5		4							
et Grass	2,900	215	10	7		3		2							
on	6,500	421	19	13		6		4							
le	5,300	400	18	12		6		4							
easure	1,200	116	5	3		2		1							
lley	13,300	1,196	54	36		18		12							
atland	2,300	183	8	5		3		2							
aux	1,500	99	4	3		1		1							
llowstone	97,300	7,791	351	234		117		79							
ION I.	95,500	8,009	360	239		121		79							
ION II.	148,300	12,523	564	376		188		126							
ION III.	147,600	11,560	521	347		174		116							
ION IV.	182,500	13,501	607	405		202		133							
ION V.	173,500	13,564	611	407		204		137							
ATE	747400	59157	2663	1774		889		59							

TABLE 2-2
ESTIMATED CURRENT AND PROJECTED DD POPULATION BY AGE GROUP AND TYPE OF DISABILITY

(DDSP 2.1.2)

AGE GROUP: Below 5 years (0 (yrs. old) THROUGH 4 (yrs. old))

GEOGRAPHIC SUBDIVISION	General Population		PLAN YEAR						PROJECTED						
	TOTAL POP	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E	A	SUBSTANTIAL	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E		SUBSTANTIAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1
Beaverhead	8,300	590	27	18		9		6	NA	NA	NA	NA	NA	NA	NA
Big Horn	10,900	1,088	49	33		16		11							
Blaine	6,800	618	28	19		9		6							
Broadwater	2,800	228	10	7		3		2							
Carbon	7,700	515	23	15		8		5							
Carter	1,900	125	6	4		2		1							
Cascade	84,600	7,292	328	219		109		74							
Chouteau	6,200	421	19	13		6		4							
Custer	12,000	919	41	27		14		9							
Daniels	3,000	228	10	7		3		2							
Dawson	10,300	886	40	27		13		9							
Deer Lodge	15,200	1,055	47	31		16		11							
Fallon	4,000	315	14	9		5		3							
Fergus	12,800	840	38	25		13		9							
Flathead	44,200	3,189	144	96		48		32							
Gallatin	38,800	2,716	122	81		41		27							
Garfield	1,600	130	6	4		2		1							
Glacier	11,600	1,177	53	35		18		12							
Golden Valley	900	75	3	2		1		0							
Granite	2,700	212	10	7		3		2							
Hill	17,900	1,502	68	45		23		15							
Jefferson	7,200	483	22	15		7		5							
Judith Basin	2,700	162	7	5		2		1							
Lake	17,000	1,407	63	42		21		14							
Lewis & Clark	36,900	2,878	130	87		43		29							
Liberty	2,500	182	8	5		3		2							
Lincoln	15,800	1,668	75	50		25		17							
McCone	2,700	243	11	7		4		2							
Madison	5,800	362	16	11		5		4							
Meagher	2,200	187	8	5		3		2							
Mineral	3,500	315	14	9		5		3							
Missoula	66,500	5,146	232	155		77		52							
Musselshell	4,100	302	14	9		5		3							
Park	12,000	850	38	25		13		9							

TABLE 2-2
ESTIMATED CURRENT AND PROJECTED DD POPULATION BY AGE GROUP AND TYPE OF DISABILITY

(DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION	General Population		AGE GROUP: School Agers (name) 5 (yrs. old) THROUGH 19 (yrs. old)													
			PLAN YEAR						PROJECTED							
	TOTAL POP	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E	A	SUBSTANTIAL	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E		SUBSTANTIAL	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
averhead	8,300	2,400	108	72		36		24	NA	NA	NA	NA	NA	NA	NA	
g Horn	10,900	3,600	162	108		54		36								
aine	6,800	2,200	99	66		33		22								
oadwater	2,800	800	36	24		8		8								
rbon	7,700	1,900	85	57		28		19								
rter	1,900	500	22	15		7		5								
scade	84,600	25,300	1,138	759		379		256								
outeau	6,200	1,800	81	54		27		18								
ster	12,000	3,600	162	108		54		36								
niels	3,000	800	36	24		8		8								
wson	10,300	3,300	148	99		49		33								
er Lodge	15,200	4,200	189	126		63		42								
llon	4,000	1,300	58	39		19		13								
rgus	12,800	3,700	166	111		55		37								
athead	44,200	13,400	603	402		201		136								
llatin	38,800	11,300	508	339		169		114								
rfield	1,600	500	22	15		7		5								
acier	11,600	4,000	180	120		40		41								
lden Valley	900	200	9	6		3		2								
anite	2,700	700	31	21		10		7								
ll	17,900	5,500	247	165		82		56								
fferson	7,200	2,400	108	72		36		24								
dith Basin	2,700	800	36	24		8		8								
e	17,000	4,900	220	147		73		50								
wis & Clark	36,900	11,200	504	336		168		113								
berty	2,500	800	36	24		8		8								
ncoln	15,800	1,500	67	45		22		15								
dison	5,800	1,600	72	48		24		16								
McCone	2,700	800	36	24		8		8								
agher	2,200	600	27	18		9		6								
neral	3,500	1,100	49	33		16		11								
ssoula	66,500	19,500	877	585		292		197								
sselshell	4,100	1,000	45	30		15		10								
rk	12,000	3,100	139	93		46		31								

TABLE 2-2

ESTIMATED CURRENT AND PROJECTED DD POPULATION
BY AGE GROUP AND TYPE OF DISABILITY

(DDSP 2.1.2)

AGE GROUP: School Agers (5 (yrs. old) THROUGH 19 (yrs. old))

GEOGRAPHIC SUBDIVISION	General Population		PLAN YEAR						PROJECTED						
	TOTAL POP	TOTAL AGE GROUP	TOTAL DD POP	MR	C.P.	E.	A	SUBSTANTIAL	TOTAL AGE GROUP	TOTAL DD POP	MR	C.P.	E.		SUBSTANTIAL
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Petroleum	700	200	9	6		3		2	NA	NA	NA	NA	NA	NA	NA
Phillips	5,400	1,600	72	48		24		16							
Pondera	6,900	2,100	94	63		31		21							
Powder River	2,300	800	36	24		8		8							
Powell	7,400	2,100	94	63		31		21							
Prairie	1,900	500	22	15		7		5							
Ravalli	18,500	5,400	243	162		81		55							
Richland	9,700	2,900	130	87		43		29							
Roosevelt	10,000	3,300	148	99		49		33							
Rosebud	9,300	2,900	130	87		43		29							
Sanders	8,000	2,300	103	69		34		23							
Sheridan	5,400	1,600	72	48		24		16							
Silver Bow	43,200	12,500	562	375		187		126							
Stillwater	5,300	1,400	63	42		21		14							
Sweet Grass	2,900	700	31	21		10		7							
Teton	6,500	1,900	85	57		28		19							
Toole	5,300	1,600	72	48		24		16							
Treasure	1,200	400	18	12		6		4							
Valley	13,300	4,300	193	129		64		43							
Wheatland	2,300	600	27	18		9		6							
Wibaux	1,500	300	13	9		4		3							
Yellowstone	97,300	28,300	1,273	849		424		286							
REGION I.	95,500	29,400	1,317	696		424		295							
REGION II.	148,300	44,000	1,978	1320		634		445							
REGION III.	147,600	41,400	1,906	1,272		630		423							
REGION IV.	182,500	13,501	607	405		202		133							
REGION V.	173,500	18,100	2,165	1,443		719		487							
STATE	747,400	17640	7,973	5,136		2,609		1,783							

TABLE 2-2
ESTIMATED CURRENT AND PROJECTED DD POPULATION BY AGE GROUP AND TYPE OF DISABILITY

(DDSP 2.1.2)

AGE GROUP: Adults (name) 20 (yrs. old) THROUGH 60+ (yrs. old)

GEOGRAPHIC SUBDIVISION	General Population		PLAN YEAR						PROJECTED							
	TOTAL POP	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E	A	SUBSTANTIAL	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E		SUBSTANTIAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
averhead	8,300	5,300	238	159		79		54	NA	NA	NA	NA	NA	NA	NA
g Horn	10,900	6,200	279	186		93		63							
aine	6,800	4,000	180	120		60		41							
oadwater	2,800	1,800	81	54		27		18							
rbon	7,700	5,300	238	159		79		54							
rter	1,900	1,300	58	39		19		13							
scade	84,600	52,000	2,340	1,560		780		526							
outeau	6,200	4,000	180	120		60		41							
ster	12,000	7,500	337	225		112		76							
niels	3,000	2,000	90	60		30		20							
wson	10,300	6,100	274	183		91		62							
er Lodge	15,200	9,900	445	297		148		100							
llon	4,000	2,400	108	72		36		24							
rgus	12,800	8,300	373	249		124		84							
athead	44,200	27,600	1,242	828		414		279							
llatin	38,800	24,800	1,116	743		373		251							
rfield	1,600	1,000	45	30		15		10							
acier	11,600	6,200	279	186		93		63							
lden Valley	900	600	27	18		9		6							
anite	2,700	1,800	81	54		27		18							
ll	17,900	10,900	490	327		163		110							
fferson	7,200	4,300	193	129		64		43							
dith Basin	2,700	1,700	76	51		25		17							
se	17,000	10,700	481	321		160		108							
wis & Clark	36,900	22,800	1,026	684		342		231							
berty	2,500	1,500	67	45		22		15							
ncoln	15,800	12,600	567	378		189		127							
dison	5,800	3,800	171	114		57		38							
Cone	2,700	1,700	76	51		25		17							
agher	2,200	1,400	63	42		21		14							
neral	3,500	2,100	94	63		31		21							
ssoula	66,500	41,900	1,885	1,257		628		424							
sselshell	4,100	2,800	126	84		42		28							
rk	12,000	8,100	364	243		121		82							

TABLE 2-2
ESTIMATED CURRENT AND PROJECTED DD POPULATION BY AGE GROUP AND TYPE OF DISABILITY

(DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION	General Population		AGE GROUP: Adults (name) 20 (yrs. old) THROUGH 60+ (yrs. old)						PROJECTED						
			PLAN YEAR												
	TOTAL POP	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E	A	SUBSTANTIAL	TOTAL AGE GROUP	TOTAL DD POP	MR	CP	E		SUBSTANTIAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Petroleum	700	500	22	15		7		5	NA	NA	NA	NA	NA	NA	NA
Phillips	5,400	3,400	153	102		51		34							
Pondera	6,900	4,300	193	129		64		43							
Powder River	2,300	1,300	58	39		19		13							
Powell	7,400	4,700	211	141		70		47							
Prairie	1,900	1,300	58	39		19		13							
Ravalli	18,500	11,900	535	357		178		120							
Richland	9,700	6,000	270	180		90		61							
Roosevelt	10,000	5,800	261	174		87		59							
Rosebud	9,300	5,600	252	168		84		57							
Sanders	8,000	5,100	229	153		76		52							
Sheridan	5,400	3,500	158	105		53		36							
Silver Bow	43,200	27,300	1,229	818		411		277							
Stillwater	5,300	3,500	157	105		52		35							
Sweet Grass	2,900	2,000	90	60		30		20							
Teton	6,500	4,200	189	126		63		43							
Toole	5,300	3,300	148	99		49		33							
Treasure	1,200	700	31	21		10		7							
Valley	13,300	7,800	351	234		117		79							
Wheatland	2,300	1,500	67	45		22		15							
Wibaux	1,500	1,100	49	33		16		11							
Yellowstone	97,300	61,200	2,754	1,836		918		620							
REGION I.	95,500	58,500	2,571	1,755		865		591							
REGION II.	148,300	82,800	3,869	2,514		1,255		848							
REGION III.	147,600	93,600	4,209	2,808		1,401		947							
REGION IV.	182,500	116,000	5,218	3,478		1,740		1,173							
REGION V.	173,500	111,900	5,033	3,357		1,676		1,131							
STATE	747,500	462,800	20,900	13,912		6,937		4,690							

TABLE 2-3/2-4

ESTIMATED CURRENT AND PROJECTED (FIVE YEARS) DD POPULATION FROM HOUSEHOLDS HAVING ANNUAL INCOMES LESS THAN $5,000 AND LESS THAN $10,000

(DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION 1	FOR 19 (year) CURRENT					FOR 1980 (year) PROJECTED				
	TOTAL ESTIMATED DD POPULATION 2	From Households with Income <		From Households with Income <		TOTAL ESTIMATED DD POPULATION 7	From Households with Income <		From Households with Income <	
		% 3	NO. 4	% 5	NO. 6		% 8	NO. 9	% 10	NO. 11
Beaverhead	374	13.4	50	NA	NA	365	13.4	49	NA	NA
Big Horn	491	21.6	106			567	21.6	122		
Blaine	306	25.2	77			315	25.2	79		
Broadwater	126	22.6	28			149	22.6	34		
Carbon	347	14.3	50			396	14.3	57		
Carter	86	14.1	12			81	14.1	11		
Cascade	3,807	8.4	320			4,077	8.4	342		
Chouteau	279	6.3	18			261	6.3	16		
Custer	540	8.5	46			536	8.5	46		
Daniels	135	7.2	10			131	7.2	9		
Dawson	464	7.4	34			423	7.4	31		
Deer Lodge	684	7.1	49			648	7.1	46		
Fallon	180	11.5	21			176	11.5	20		
Fergus	576	11.3	65			621	11.3	70		
Flathead	1,989	10.1	201			2,489	10.1	251		
Gallatin	1,746	7.0	122			2,309	7.0	162		
Garfield	72	13.1	9			59	13.1	8		
Glacier	522	23.4	122			594	23.4	139		
Golden Valley	41	4.0	2			41	4.0	2		
Granite	122	12.3	15			113	12.3	14		
Hill	806	11.1	89			842	11.1	94		
Jefferson	324	9.0	29			383	9.0	35		
Judith Basin	122	10.5	13			126	10.5	13		
Lake	765	18.2	139			959	18.2	175		
Lewis & Clark	1,661	6.5	108			2,016	6.5	131		
Liberty	113	8.1	9			131	8.1	11		
Lincoln	711	5.9	42			608	5.9	36		
McCone	122	8.0	10			108	8.0	9		
Madison	261	15.9	41			311	15.9	49		
Meagher	99	13.4	13			108	13.4	14		
Mineral	152	7.9	12			189	7.9	15		
Missoula	2,993	8.7	260			3,690	8.7	321		
Musselshell	185	14.3	26			216	14.3	31		
Park	540	10.7	58			617	10.7	66		

TABLE 2-3/2-4
ESTIMATED CURRENT AND PROJECTED (FIVE YEARS) DD POPULATION FROM HOUSEHOLDS HAVING ANNUAL INCOMES LESS THAN $5,000 AND LESS THAN $10,000

(DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION 1	FOR 1975 (year) CURRENT: TOTAL ESTIMATED DD POPULATION 2	From Households with Income < ____: % 3	From Households with Income < ____: NO. 4	From Households with Income < ____: % 5	From Households with Income < ____: NO. 6	FOR 1980 (year) PROJECTED: TOTAL ESTIMATED DD POPULATION 7	From Households with Income < ____: % 8	From Households with Income < ____: NO. 9	From Households with Income < ____: % 10	From Households with Income < ____: NO. 11
Petroleum	32	15.1	5	NA	NA	27	15.1	4	NA	NA
Phillips	243	13.1	32			257	13.1	34		
Pondera	311	14.5	45			351	14.5	51		
Powder River	104	10.3	11			90	10.3	9		
Powell	333	7.7	26			378	7.7	29		
Prairie	86	16.2	14			95	16.2	15		
Ravalli	833	15.2	127			1,058	15.2	161		
Richland	437	11.8	52			419	11.8	49		
Roosevelt	450	18.1	81			419	18.1	76		
Rosebud	419	20.0	84			477	20.0	95		
Sanders	360	10.8	39			428	10.8	46		
Sheridan	243	8.2	20			216	8.2	18		
Silver Bow	1,944	7.9	154			2,111	7.9	1,866		
Stillwater	239	12.5	30			275	12.5	34		
Sweet Grass	131	16.5	22			131	16.5	22		
Teton	293	10.9	32			333	10.9	36		
Toole	239	10.9	26			212	10.9	23		
Treasure	54	17.2	9			68	17.2	12		
Valley	599	14.0	84			747	14.0	105		
Wheatland	104	12.6	13			86	12.6	11		
Wibaux	68	12.7	9			68	12.7	9		
Yellowstone	4,379	9.4	412			4,914	9.4	462		
REGION I.	4,302		510			4,370		606		
REGION II.	6,676		738			7,116		791		
REGION III.	6,642		744			7,400		828		
REGION IV.	8,214		693			9,508		795		
REGION V.	7,809		880			9,421		1,005		
STATE	33,645		3,533			37,815		4,025		

TABLE 2-5
ESTIMATED NEED FOR DIRECT SERVICES
FOR THE DD POPULATION

(DDSP 2.2)

GEOGRAPHIC SUBDIVISION 1	Total DD Population 2	DIRECT SERVICES										
		RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
				PRE-SCHOOL		SCHOOL AGE			ADULT			
		Domiciliary Care 3	Special Living Arrang 4	Day Care 5	Education/ Training 6	Day Care 7	Education 8	Training 9	Day Care 10	Education/ Training 11	Sheltered 12	Other 13
State	33,600	8,150	853	1,134	-	1,395	6,226	-	7,994	7,861	4,781	7,320
Autism	400	200	80	35	-	-	23	-	199	66	61	5
Cerebral Palsy	3,400	884	57	30	-	-	428	-	330	880	682	198
Epilepsy	7,500	750	104	203	-	-	195	-	-	795	1,590	3,445
Mental Retard	22,300	6,316	612	596	-	1,395	5,580	-	7,465	6,120	2,448	3,672

TABLE 2-6
ESTIMATED NEED FOR SUPPORT SERVICES
FOR THE DD POPULATION

(DDSP 2.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL DD POPULATION	SUPPORT SERVICES												
		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPP			
		Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social, & Socio-Legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP&H Other Special 10	Recreation 11	Personal Care 12	Tran 13	
State	33,600	4,172	13,678	33,600	17,745	33,600	19,620	33,600	33,600	14,063	33,600	21,978	21,9	
Autism	400	*	90	400	90	400	90	400	400	90	400	**	***	
Cerebral Palsy	3,400	*	765	3,400	3,332	3,400	3,332	3,400	3,400	3,400	3,400	**	***	
Epilepsy	7,500	*	3,000	7,500	4,500	7,500	6,375	7,500	7,500	750	7,500	**	***	
Mentally Retard.	22,300	*	9,823	22,300	9,823	22,300	9,823	22,300	22,300	9,823	22,300	**	***	

* Montana projects an increase of 4,172 DD in the next five years. All will need diagnostic services.

** Including financial assistance, the substantial (22.5%) as well as the profoundly handicapped (33%) need this service = 55.5% = .555 x 33,600 = 21,978

*** The substantially handicapped and profoundly handicapped need access to transportation services = 55.5% = .555 x 33,600 = 21,978

See attached sheets

SECTION III

DD SERVICE NETWORK

CAPACITY AND RESOURCES

SECTION III

DD SERVICE NETWORK CAPACITY AND RESOURCES

This section of the State Plan for Services to the Developmentally Disabled contains a review of the service and resource availability and utilization, and of the organizational framework and quality of the current service network. It provides the framework for identifying the type and extent of service system gaps as they relate to the needs of the developmentally disabled specified in Section II.

3.1 SUMMARY OF THE DD SERVICE NETWORK STRUCTURE AND SERVICES

Services to DD persons in Montana are provided via a variety of purchase of service arrangements with private providers (accounted for in this plan as quasi-public agencies) and direct services provided through four major state departments and their appropriate divisions and bureaus. The state departments and organizational units comprizing the Montana DD service network are:

Department of Institutions (MDI)
- Boulder River School & Hospital
- Eastmont Training Center

Department of Social and Rehabilitations Services (SRS)
- Developmental Disabilities Division
- Social Services Bureau
- Division of Vocational Rehabilitation

Department of Health and Environmental Sciences (DHES)
- Health Services Division

Office of the Superintendent of Public Instruction (OSPI)
- Department of Basic Instructional Services
  - Special Education Unit

The Department of SRS is the designated state administering agency for the developmental disabilities program specified by PL 94-103 and the state's enabling act of 1974 described in the Revised Codes of Montana (71-2402).

The Montana Developmental Disabilities Planning and Advisory Council is designated by state law to carry out the state planning council role of PL 94-103. Additionally, the state of Montana has by law established five regional advisory councils in each of the Developmental Disabilities Divison regions.

3.1.1 Organization of the DD Service Network

Services to the developmentally disabled in Montana are provided in three general ways: (1) through contracts negotiated by agency staff with non-profit

corporations or other agencies; (2) through school district programs; and (3) through public organizations and agencies in the community which serve the public at large, including the developmentally disabled.

A complete listing showing DD service network agencies and the services that are available in Montana are shown on Summary Table 3-1.

Organizational chargs for each of the four state departments are provided in this section, as are descriptions of specific programs sponsored by each agency.

A review of purely private providers and/or organizations related to the DD service network will be added to the FY 79 State Plan. Attachment A, an updated region-by-region service directory, is included at the end of the plan.

3.1.2 Resource Characteristics of the DD Service Network

Information provided to the DD Council was not uniform enough to provide a full resource display of all service network agencies; and therefore, dollar figures in this section may be somewhat misleading. Not all agencies are able to furnish information by category in the State Plan. For example, no budget figures are included from the regional mental health centers. Two institutions, Boulder River School & Hospital and Warm Springs State Hospital, do not have categorical breakdowns. Their totals are: BRSH - $8,317,906; WSSH - $15,739,601. Boulder's dollars are totally for DD clients, while WSSH represents a broader population. Eastmont Training School's budget does, however, lend itself to categorical breakdown and is, therefore, reflected in the following totals. The estimates of expenditures by DD services are a best judgement based on available information. Availability of services as compared to the total agency-by-agency capacity are severely limited by agency information provided.

For domiciliary care, the state of Montana is spending $46,319 (Eastmont Training Center); for special living arrangements, $1,390,400; for preschool day care, $850,000; for preschool education and training, $85,006; for school age education, approximately $600,000, which is based on a small percentage of OSPI's $19 million budget and Eastmont; for school age training, $751,429; for adult education and training, $1,119,710; and for sheltered employment, $200,000. For indirect services Montana is spending: for diagnosis and evaluation, $671,983; for information and referral, $673,211; for counseling and protective socio-legal, $980,904; for follow-along, $46,280; for medical, $1,406,111; for dental, $105,382; for O.T., P.T., S.P.&H and other special services, $472,753; for recreation, over $150,000; for personal care, $2,738,703; and for transportation, $447,237.

SUMMARY TABLE 3-1
RESPONSIBLE AGENCY, PROGRAMS, AND TYPES
OF SERVICE AVAILABLE TO THE DEVELOPMENTALLY DISABLED

(DDSP 3.1)

PUBLIC & PRIVATE SERVICE PROVIDERS	SERVICES																							
	DIRECT												SUPPORT											
	RESIDENTIAL SERV.		DAY PROGRAMS								EMPLOYMENT		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY PROGRAM SUPPORT		
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	PRE SCHOOL: DAY CARE	PRE SCHOOL: EDUCATION/TRAINING	SCHOOL AGE: DAY CARE	SCHOOL AGE: EDUCATION	SCHOOL AGE: TRAINING	ADULT: DAY CARE	ADULT: EDUCATION/TRAINING	SHELTERED	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION & REFERRAL	COUNSELING	PROTECTIVE AND OTHER SOCIAL AND SOCIO-LEGAL SERVICES	FOLLOW-ALONG	MEDICAL	DENTAL	OT, PT, SP&H, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION
Department of Institutions																								
Boulder River School & Hospital (BRSH)	x		x	x	x	x	x		x			x	x	x	x			x	x	x	x	x	x	
Eastmont Training Center	x		x	x	x	x	x					x	x	x	x	x		x	x	x	x	x		
Warm Springs State Hospital	x					x			x		x	x	x	x		x		x	x	x	x	x	x	
Galen State Hospital																								
Regional Mental Health Ctr.	x							x	x			x	x		x	x	x					x		
Dept. of Social & Rehab.Svc																								
Developmental Disabilities Division		x							x	x							x					x	x	
Region I Providers		x	x				x				x	x	x	x	x	x	x				x	x	x	
Region II Providers		x					x			x			x	x	x	x			x		x	x	x	
Region III Providers		x		x			x		x	x		x	x	x	x						x	x	x	
Region IV Providers		x		x			x		x	x		x		x		x			x		x		x	
Region V Providers		x								x		x	x	x	x	x	x		x				x	
Division of Social Services		x																						
Division of Rehab. Services							x		x	x			x		x			x					x	
Dept. of Health & Envir. Sciences												x		x	x			x	x			x		
Office of Supt. of Public Instruction		x		x		x							x										x	

DEPARTMENT

OF

INSTITUTIONS

3.2 PUBLIC AGENCY SERVICES & RESOURCES

The four major state agencies cited in paragraph 3.1 and their provided and purchased services make up the entire spectrum of the public agency component of the DD service network in Montana. An agency-by-agency descriptive analysis appears below.

3.2.1 Services and Resources of the Department of Institutions (MDI)

The Department of Institutions has responsibility for corrections and mental health programs in the state. (See AF 3-1) Additionally, state institutions for the mentally ill and retarded are directly administered by MDI. Operating service facilities and programs of primary interest to the developmentally disabled are the regional community health programs and four of the six state institutions all under the jurisdiction of the Adaptive Services Division.

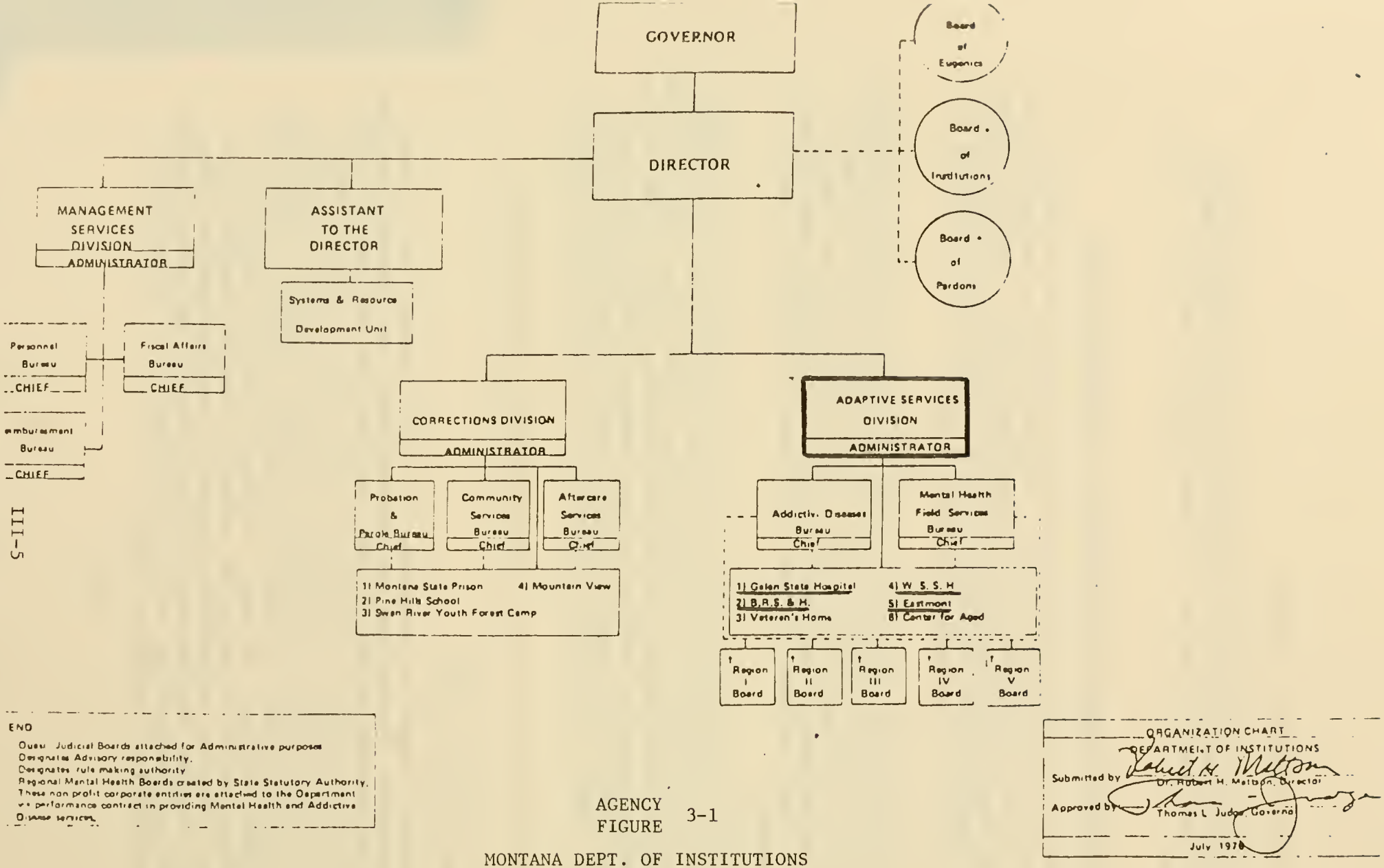
The Adaptive Services Division has direct line authority for the administration of the Boulder River School and Hospital (BRSH), the Eastmont Training Center (ETC), Warm Springs State Hospital (WSSH) and Galen State Hospital (GSH). BRSH and ETC provide residential and habilitative services for the mentally retarded while WSSH and GSH are dedicated to services to the mentally ill although some residents in each are currently considered to have a developmental disability as their principal diagnosis.

The Mental Health Field Services Bureau has policy responsibility for the regional community mental health programs which are operated by private, non-profit corporations under contract with MDI. The community mental health centers (CMHC's), while focused on mental health problems, are currently providing services to some developmentally disabled persons and could, given some remedies to staffing and client jurisdictional focus, provide expanded service resources to developmentally disabled persons. CMHC's are, therefore, considered part of the DD service network in Montana.

Agency Figure 3-2 shows the location of the state institutions and CMHC's.

3.2.1.1 Scope of Services (MDI)

Services provided by the MDI to developmentally disabled persons can be viewed from two perspectives, institutional and community based. The principal providers of institutional services are BRSH and ETC. These services are primarily residential services with a variety of ancillary supportive services (medical, dental, counseling, etc.) available to the residents. Boulder River School & Hospital provides 24 hour domiciliary care, education, training, counseling, occupational, physical and speech therapy, recreation, personal care, medical and dental services for disabled persons of all ages. (See Agency Table 3-1) BRSH, with a current population of 284, is now in the process of deinstitutionalizing children and adults. Eastmont Training Center provides 5 days/week special living arrangements, education, many phases of training, education and therapy services to 32 children 4-17 years of age. All of the children are in the moderate to severe/profound level of retardation category.


GOVERNOR
Board of Eugenics
DIRECTOR
Board of Institutions
Board of Pardons
MANAGEMENT SERVICES DIVISION ADMINISTRATOR
ASSISTANT TO THE DIRECTOR
Systems & Resource Development Unit
Personnel Bureau CHIEF
Fiscal Affairs Bureau CHIEF
CORRECTIONS DIVISION ADMINISTRATOR
ADAPTIVE SERVICES DIVISION ADMINISTRATOR
Probation & Parole Bureau Chief
Community Services Bureau Chief
Aftercare Services Bureau Chief
1) Montana State Prison
2) Pine Hills School
3) Swan River Youth Forest Camp
4) Mountain View
Addictive Diseases Bureau Chief
Mental Health Field Services Bureau Chief
1) Galen State Hospital
2) B.R.S. & H.
3) Veteran's Home
4) W. S. S. H.
5) Eastmont
6) Center for Aged
Region I Board
Region II Board
Region III Board
Region IV Board
Region V Board
END
Dotted - Judicial Boards attached for Administrative purposes
Designates Advisory responsibility.
Designates rule making authority
Regional Mental Health Boards created by State Statutory Authority. These non profit corporate entities are attached to the Department via performance contract in providing Mental Health and Addictive Disease services.
ORGANIZATION CHART
DEPARTMENT OF INSTITUTIONS
Submitted by Dr. Robert H. Melton, Director
Approved by Thomas L. Judge, Governor
July 1976

III-5

AGENCY FIGURE 3-1

MONTANA DEPT. OF INSTITUTIONS
Organization

MONTANA

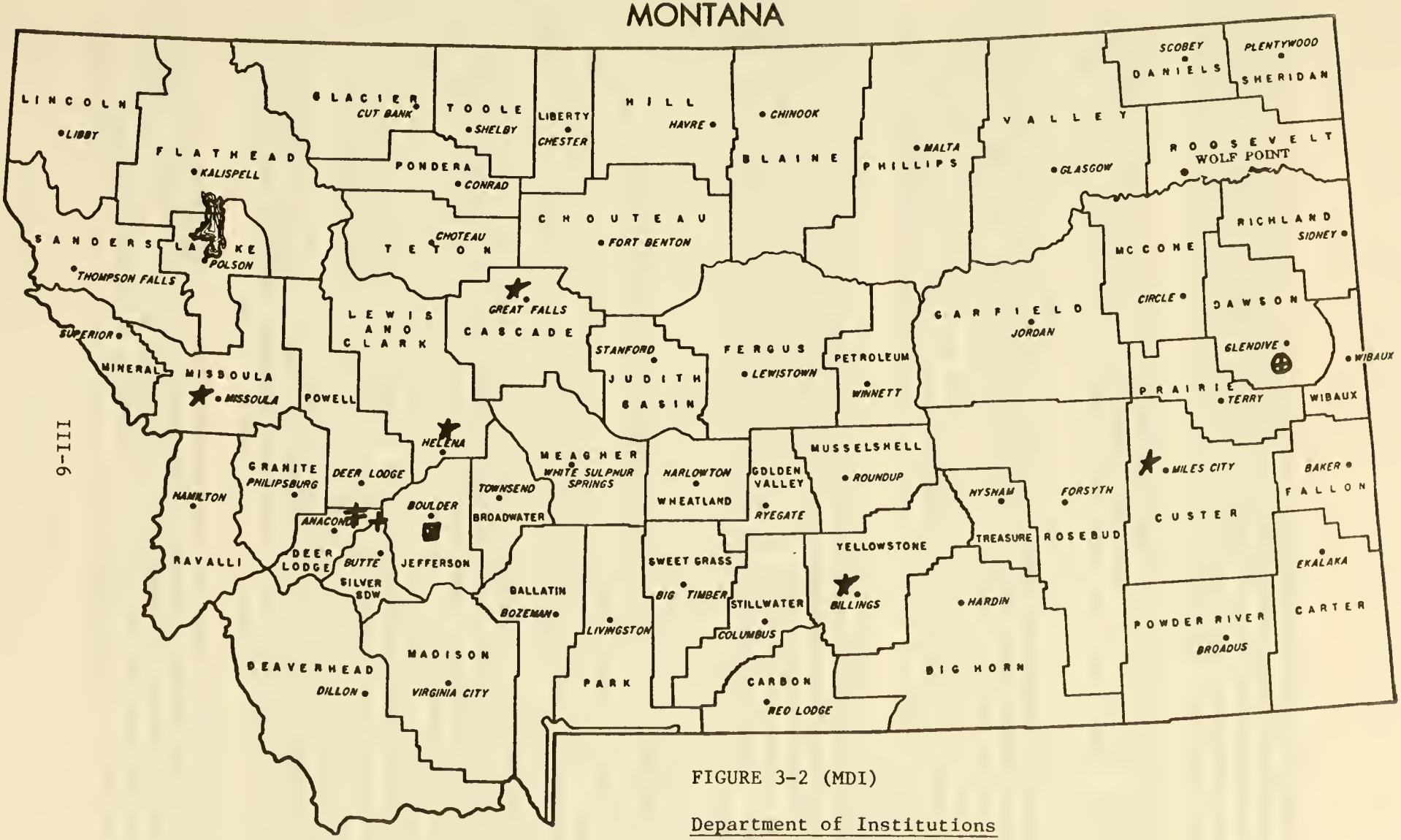


FIGURE 3-2 (MDI)

Department of Institutions

- Warm Springs State Hospital (Warm Springs, Montana)
- Galen State Hospital (Galen, Montana)
- Community Mental Health Centers
- Boulder River School & Hospital (Boulder, Montana)
- Eastmont Training Center (Glendive, Montana)

No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
Helena

Warm Springs and Galen State Hospitals while currently providing basic residential and ancillary support services to their developmentally disabled clients are not well suited for them. Currently the 85+ clients evaluated as being primarily developmentally disabled are to be transferred to BRSH and/or to the appropriate community programs.

Domiciliary care services of the BRSH and ETC are clearly focused on substantially disabled persons. With mental retardation as the primary focus of these institutions, domiciliary care services for all DD persons are limited from MDI sources.

The analysis of the scope of CMHC's services is limited since only three of the five regional CMHC's have provided requested information. Based on the description of services provided, CMHC's provide a range of inpatient and outpatient services for any resident of their region. (See Agency Table 3-1 through 3-3) Inpatient services are usually reserved for acute incidents of mental illness which cannot be addressed in outpatient day services such as individual or group therapy sessions.

In theory any person with a developmental disability and emotional or behavioral problem can seek and obtain CMHC services. In practice most CMHC's are not prepared to address habilitation services needed by DD clients with the exception of identification services, such as diagnosis, evaluation and information and referral. CMHC's could provide services for the special adjustment needs of persons with epilepsy or autism.

3.2.1.2 Potential Availability and DD Utilization of Services (MDI)

BRSH and ETC are the only state institutions with domiciliary care services appropriate to substantially handicapped DD persons. A limited number of slots, approximately 334, were available in FY 1977 and all were claimed to be utilized.

In Boulder River School & Hospital there is a capacity of 302 for residence. For school agers, education services have a capacity of 70; 65 utilize these services. For adults, the capacity for education/training services is 280; 263 utilize these services.

Eastmont Training Center has the capacity to serve 32 clients with five days a week residential/training services. Its capacity is totally utilized.

Since BRSH is the focus of deinstitutionalization efforts the total number of slots will probably remain below the capacity of the institution. In the near future BRSH will be utilized as a transition placement for those mentally retarded persons (about 90) under care and custody at WSSH.

Other direct and support services identified as part of the BRSH and ETC are generally not available to persons not residents of the institutions. Rather the information provided for these services (see Table 3-4 a and b) should be viewed as an indicator of the degree of programming and support ancillary services available to the residents.

As indicated in the scope of services, the CHMC's have provided only limited information concerning the availability and utilization of their services to DD persons. In several regions CMHC's are developing service activities with SRS/DDD operations particularly in relation to DD persons who have emotional/ behavioral problems; however, such efforts are embryonic.

Information from the Region I CMHC indicates a potential for services to DD persons in at least three DD related services; diagnosis and evaluation and counseling (i.e., individual or group therapy).

CMHC's could clearly accommodate an information and referral function for DD persons. This function is particularly important in that many CMHC's have satellite offices and have been urged by the State's Mental Health Advisory Council to establish outreach goals. *

3.2.1.3 Service Resources (MDI)

Fiscal and personnel resources for MDI institutions and reporting CMHC's are shown in Agency Tables 3-5 through 3-7. In FY 1977 institutional services for DD persons cost a total of $10,965,800 for 386 clients in BRSH, ETC and WSSH. Representing an average cost of $28,000/client. (See Agency Table 3-7) Cost ranges for residential and all ancillary program and support services for the institutions are about $30,500/client year at BRSH to $14,250 at ETC. Per client costs for specific services provided within the institutions are not possible to compare at this time with the information provided. (See Agency Tables 3-5 and 3-6 a and b) BRSH costs per client in this analysis are somewhat inflated due principally to the large maintenance staff and other related costs necessary for the facility which are not necessarily related to facilities used in the program.

ETC provided a cost by service analysis which indicates a per client cost of about $5,150 for residential services (either domicillary or special living) or about $16.50 per day based on their 5 day residential week. Preschool day care and education for the two clients (assuming the inclusion of residential costs) runs $10,750 per client year or $326 per day. School age education and training costs indicated are $5,211 per client year (3131) or an average $16.65 per client day. Cost per client year for all support services (See Agency Tables 3-4 and 3-6) are about $4,890 or $15.62 client day. Total cost per client day for all services (school age) runs approximately $48 which compares favorably with the total of $73/client day indicated by BRSH for its total operation.

CMHC's information is not available across CMHC's nor is there adequate information on the degree of DD person use of these services to allow a cost analysis of significance.

Person power resources of MDI institutions and reporting CMHC's appear in Agency Table 3-5 for each facility or program and in gross classification form in Agency Table 3-8.

---

* Report of the Mental Health Advisory Council, January 1977

3.2.1.4 Quality of Services (MDI)

MDI institutions provide evaluation information as shown in Agency Table 3-9. Of particular interest is the increased training per client and numbers of clients in training shown by BRSH computer tracking information. The results reflect a clear committment of BRSH to implement developmental programming for its residents. ETC outside evaluation through the Board of Visitors indicates an exemplary program.

CMHC's reporting evaluation results indicate compliance in areas evaluated. The Mental Health Advisory Council Report of 1977 indicates a variety of areas of improvement and expansion of the services, some of which could have impact on the use of the CMHC's by DD persons. Of particular note are recommendations for expanded outreach and parent counseling programs.

All MDI institutions and reporting CMHC's appear to have individualized habilitation planning as a routine matter of service provision (See Table 3-10).

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION
AND ELIGIBILITY REQUIREMENTS

(Institutions)
Agency
(DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENT 5
BRSH				
Institutional Services	R.C.M. 39-1201 through 38-1235 --- Title I --- Medicaid	24 hour domiciliary care, education, training, counseling, occupational, physical and speech therapy, recreation, personal care, medical and dental services. BRSH is continuing the process of deinstitutionalizing children and adults.	Mentally retarded persons 0 and →	Placement in institution
Eastmont				
Developmental Services	R.C.M. 38-1201 38-1233	Education in academics, home living, pre-vocational training, recreation, physical education, speech therapy, socialization and parent training.	DD children ages 4-17	1. Age 4-17 2. Ambulatory for residential program 3. Physical examination
Care and Custody Services	R.C.M. 38-1201 38-1233	Education in self-help skills, socialization and recreation. Health care and food services.	DD children ages 4-17	4. Must conform to Special Education: Rules: Regulations regarding evaluation, diagnosis and placement via a child study team.
Community Services	R.C.M. 38-1201 38-1233	Admission and placement, agency coordination, parent consultation and student counseling.	DD children ages 4-17	

* FEDERAL AND/OR STATE STATUTE OR REGULATION

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

MDI Institutions Agency (DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENTS 5
WSSH Care and Custody	There is no legal authority for WSSH to admit persons whose primary diagnosis is mental retardation. Title 80-2401, RCM 1975 describes the functions of WSSH as being "the care and treatment of mentally ill persons." Mentally retarded patients having no commitant mental disorder are considered to be inappropriately admitted.	Care - Adequate physical care of all patients, including mentally retarded patients who have been inappropriately admitted to WSSH. Protection from injury and infectious disease. Medical treatment available on a 24-hour basis. Custody - Protection of the rights of all patients, including inappropriately admitted mentally retarded patients. A secure environment for patients Medical services for all patients. Environment conducive to self respect, comfort, and happiness for all patients. Food and physical care for all patients.	At the present time (5/11/77), 89 WSSH patients bearing a diagnosis of mental retardation. These 89 patients are a "target population" only for release planning purposes since there is no "legal authority" for the admission of mentally retarded persons to WSSH.	The eligibility requirement for admission to WSSH is mental illness rather than mental retardation. (Title 80-2401, R.C.M. 1975 and Title 3801302 (13), R.C.M. 1975).

* FEDERAL AND/OR STATE STATUTE OR REGULATION

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

MDI-CMHC's
Agency
(DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENTS 5
REGION I ** Mental Health	PL 94-63	Total mental health care	Eastern Montana citizens	None
REGION III ** Mental Health Treatment and Evaluation	PL 94-63 SB378 (44th Leg)	Inpatient; outpatient; partial hospitalization; emergency; follow-up; residential services; alcohol treatment; drug abuse treatment; etc.	Emotionally disturbed children, adults and aged in Region III	Reside in Region III, are emotionally disturbed, may or may not be DD
REGION V ** Inpatient	PL89-105	Inpatient hospital services for acutely ill.	All residents of Region V	Regional residents
Outpatient	PL89-105	Self explanatory		
Day Treatment	PL89-105	Day service for chronically ill.		
Emergency	PL89-105	24 hour coverage for after hour calls.		
Consultation & Education	PL89-105	Self explanatory.		
Diagnostic, Screening and Evaluation	314d Grant	Evaluation of cases being considered for placement into state institutions.		
Aftercare	Dept.of Institutions Contract	Follow-up services on Warm Springs discharged patients.		

* FEDERAL AND/OR STATE STATUTE OR REGULATION

**Only CMHC's providing information to the State Council; however, services are similar in each CMHC.

MDI

Agency

AGENCY TABLE 3-2
AGENCY SERVICES CORRESPONDING TO DD SERVICES

(DDSP 3.2.1.1)

AGENCY SERVICES	SERVICES																								
	DIRECT											SUPPORT													
	RESIDENT SERV.		DAY PROGRAMS							EMPLOYMENT		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY PROGRAM SUPPORT		
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	PRE SCHOOL: DAY CARE	PRE SCHOOL: EDUCATION/TRAINING	SCHOOL AGE: DAY CARE	SCHOOL AGE: EDUCATION	SCHOOL AGE: TRAINING	ADULT: DAY CARE	ADULT: EDUCATION/TRAINING	SHELTERED	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION / REFERRAL	COUNSELING	PROTECTIVE AND OTHER SOCIO-LEGAL SERVICES	FOLLOW-ALONG	MEDICAL	DENTAL	OT, PT, SP&H, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION
BRSH-Institutional Services	x		x	x	x	x	x			x		x	x	x	x			x	x	x	x	x	
Eastmont Training Center-S.	..		x	x	x	x	x					x	x	x	x	x		x	x	x	x	x	
WSSH-Care and Custody	x					x			x		x	x	x	x		x		x	x	x	x	x	x
Community Mental Health																							
Region I																							
Testing												x											
Evaluation													x										
Individual Therapy															x								
Partial Hospitalization																						x	
Region III																							
Mental Health Treatment															x								
Evaluation													x										
Region V																							
Inpatient	x																						
Outpatient																x							
Day Treatment								x															
Emergency																						x	
Consultation & Education									x														
Diag., Screening & Eval.													x										
Aftercare																	x						

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

MDI-BRSH (Agency)
(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
1. To provide habilitative services for each institutionalized person.	1. Provide habilitative training for residents.	Habilitation Department Each resident in each cottage will be involved in a minimum of one individual skill training program and one group activity program conducted at least once each week by cottage staff. Progress data will be collected on all training programs and will be submitted to the data system each week. Two on-grounds intensive treatment units will be continued. Residential living environments will be improved.	ongoing
	2. Provide recreational activities for the residents.	Recreation Department Maintain structured recreation classes, structured swimming classes, open swim time, weekly bus rides, assist with off grounds activities, arrange special events, plan and organize special holiday functions, train and accompany residents to Special Olympics, provide Day Camp activities.	ongoing summer months
	3. Provide physical therapy services for the residents.	Physical Therapy Department Evaluate approximately 25 residents per month, schedule 10 residents per day per P.T. technician, provide monthly update on each residents' progress, design and construct adaptive equipment.	ongoing
	4. Provide occupational therapy services for the residents.	Occupational Therapy Department Maintain individual and small group therapy sessions daily, evaluate approximately 25 residents per month, train clients in use of adaptive equipment, maintain progress data.	ongoing

MDI-BRSH
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
	5. Provide psychological evaluations for DD persons coming to Boulder for evaluation and for residents currently residing here.	Psychologists Schedule and conduct yearly psychological evaluations for each resident, provide referral information for social workers when requested, provide information to outside agencies when appropriate, provide consultant and/or therapy services to both staff and residents.	ongoing
	6. Provide communication training services to the residents.	Speech and Audiology Department Evaluate each resident, specify needed programs, conduct therapy sessions, maintain progress data. Title I Personnel Conduct therapy for Title I eligible residents.	ongoing
	7. Provide educational services in institution school for residents.	Education Department Identify educational needs for individual habilitation plans, conduct individual or small group training in functional academics, living skills and pre-vocational skills.	ongoing
2. To provide medical care and medical habilitation to meet the needs of the residents.	1. Provide physician and clinic services for the residents.	Physicians Daily rounds for acute care hospital, medical diagnosis and treatment, medical input to about 25 individual plan of habilitation staffings per month, complete annual physicals for residents, review residents' medications. Registered Nurses Nursing care to acutely ill residents on a 24-hour per day, 7-day per week basis, administer medications and treatments in the ICF/MR, supervise LPNs, teach self-medication administration to residents when appropriate.	ongoing

MDI-BRSH
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
		LPNs Administer medications and treatments and provide nursing care as needed.	
	2. Provide medical lab tests & procedures & on-call lab services for medical emergencies.	Medical Lab Special tests as needed, increase average number of drug level tests provided to physicians and hospitals, maintain Medicare/Medicaid standards.	ongoing
	3. Provide diagnostic X-ray services.	X-ray Department Fluoroscopic examinations and special studies, bone studies for ricketts and lead levels, electroencephalographic (EEG) tests, electrocardiographic (EKG) tests.	ongoing
	4. Provide dental care and treatment for the residents.	Dentist and oral hygienst Oral hygiene exam twice per year for each resident, prophylaxsis and fluoride treatment annually for each resident, update brushing and oral hygiene procedure, aid social work staff in identifying dental professionals for post-placement care by providing a list to the social worker supervisor.	ongoing
	5. Provide prescriptions for the residents.	Pharmacy Fill approximately 1000 prescriptions per month for residents.	ongoing
3. To facilitate orderly transition and adjustment of residents to community based facilities.	1. Provide social work services which will facilitate effective pre-placement planning, (includes ex-BRSH residents currently residing at Galen State Hospital).	Social workers Planning with families, counseling and preparing residents, writing referrals, planning with social service community placement specialists, taking residents on pre-placement visits.	ongoing

MDI - ETC
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
Mission: Residentially admit and train DD children from age 4-17 and return to their homes and community as supportive and participating members of society.			
1. To establish and maintain an intensive, consistent and appropriate instructional program for all developmentally disabled students.	1.1 To provide instruction for each student which reflects his needs for an individually tailored program.	1.1 Utilize academics, prevocational training, speech therapy, recreation, socialization and parent training.	6/30/78 6/30/79
	1.2 To maintain and use appropriate instructional materials and equipment.	1.2 Utilize all funding capabilities to insure proper equipment is provided. (Developmental Services)	6/30/78 6/30/79
2. To establish and maintain planning and admission, evaluation and placement at ETC.	2.1 To establish a timeframe for dissemination and compilation of admission material, schedule evaluation, and disseminate formal evaluation to referral agencies within 45 days.	2.1 (a) Develop admission criteria (b) Schedule all child study team meetings (c) Send recommendations to all parties (Community Services)	6/30/78 6/30/79
3. To provide information consultation and referral services to families and agencies in developing community services.	3.1 To assist referral agencies in making appropriate placements each year.	3.1 Meet with all related agencies and parents	6/30/78
	3.2 To assist the implementation of the post institutionalization plan immediately after placement.	3.2 Same as 3.1 (Community Services)	6/30/79

MDI -ETC

(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
4. To establish and sustain a residential environment which assimilates the norms and patterns of every day life in society.	4.1 To establish instructional hygiene and medical programs for each resident during the FY.	4.1 Establish self-help programs for all students.	6/30/78 6/30/79
	4.2 To provide and maintain a sanitary, comfortable educational physical environment for the residents.	4.2 Develop staff effectiveness with in-service training. (Care and Custody Service)	6/30/78 6/30/79
5. To provide for the Center to become a Generic Human Services Center by 1981.	5.1 To construct Human Services Center by FY 1978.	5.1 - Construct building - Develop program - Implement program (Administrative Services)	FY 1978
	(These are ongoing objectives. They will not become extinct in a given time period. The comp. dates simply reflect the FY.)		

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

MDI-WSSH
(Agency)

(DDSP 3.2.1.1)

GOALS	OBJECTIVES	ACTIVITIES	COMP. DATE
To release all persons who have been inappropriately admitted to WSSH.	1. To find alternative placement for all mentally retarded patients inappropriately residing at WSSH in violation of the provisions of Title 38-1302 (13), RCM, 1975. 2. To release to alternative placements all mentally retarded patients who have been inappropriately admitted or who are inappropriately retained at WSSH in violation of the provisions of Title 38-1302 (13) RCM, 1975.	1. WSSH completed evaluation of ninety-one mentally retarded patients during the latter part of September, 1976. On September 30, 1976, a report of evaluation findings, including recommendations for placement of these ninety-one patients was forwarded to the to the Department of Institutions. 2. Boulder River School and Hospital staff completed an evaluation of sixty-seven WSSH mentally retarded patients on February 14, 1977. A complete report of BRSH findings, including placement recommendations, was forwarded to the Department of Institutions on the same date. 3. Referrals for placement of the WSSH mentally retarded patients evaluated separately by WSSH and BRSH have been completed and forwarded to DDD, SRS.	Depends on DD & BRSH

MDI - CMHC's
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP DATE 4
Region I *			
1. To provide quality mental health services in all of the service areas mandated by law.	1. To continue to provide a transitional halfway house for psychiatric patients.		
2. To continue reduction of inappropriate admissions to Warm Springs State Hospital.	2. To continue to provide in-service training to medical professionals.		
3. To return to the community the patient population at Warm Spring State Hospital by removing people that are inappropriately there now.	3. To institute family evaluation and treatment teams in each area office.		
4. To continue high quality continuity of care.	4. To continue our partial hospitalization program so that each of our area offices will have a functioning partial hospitalization program by October 1, 1977.		
	5. To continue effective patient movement to other helping agencies in the community.		
	6. To continue to implement local hospitalization as an alternative to inpatient institutionalization.		
	7. To place a psychiatrist in the Glendive area office by August 1, 1977.		

* Information obtained from Regions I and III only.

MDI -CMHC's
(Agency)
(DDSP 3.2.1.1)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
	continued- 8. To continue contracts for service with Indian Health Service and Tribal Health Boards on the Northern Cheyenne and Fort Peck Reservations by August 1, 1977.		

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
Region III 1. To provide accessible, acceptable and comprehensive MH service programs for all residents in Montana Region III.	a. Increase community awareness of services. b. Work with other human service agencies to identify those, including DD, who can make use of our services. c. Work with SRS to provide appropriate living arrangements for emotionally disturbed DD persons	a and b are ongoing activities. c. Work with DD to provide group home as a joint venture. A target date is not yet set.	
2. Provide mental health services which promote the growth of persons toward higher levels of functioning and prevent the movement of persons to lower levels of functioning. 3. Provide a system of mental health services which emphasizes prevention, efficient use of resources, and continuity of care. 4. Involve consumers in the planning, development and governing of mental health services.	No objectives specified since priority given to Goal 1 in FY 77.		

MDI - CMHC's
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
5. Eliminate inappropriate placement in institutions of persons with mental health problems by insuring the availability of appropriate noninstitutional services.			

MDI - C[illegible]'s

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(Agency)
(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
Region V 1. To identify and provide appropriate service to those children considered to be autistic.	1a. To provide appropriate inaptient, outpatient, or day care services.	1a. Utilize staff for children's services in direct care.	current
	1b. To provide preventative services through consultation and education activities.	1b. Utilize staff for consultation and education.	
2. To provide appropriate support services for those who have mental health difficulties specifically related to cerebral palsy, epilepsy or mental retardation.	2a. Be available to DD services for consultation.	2. Meet with DD agency personnel to discuss common program concerns.	current
	2b. Refer as appropriate to DD agencies.		

AGENCY TABLE 3-4a

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY DIRECT SERVICES FOR 78 (FY)

MDI (Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
BRSH Est. yearly pop: 283 April 1977: 264											
ESTIMATED TOTAL CAPACITY	302		1		1	70			280		
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION	264		1		1	65 *			263**		
DD UTILIZATION GAP											
ETC											
ESTIMATED TOTAL CAPACITY	30		2	2		28	28				
EST. DD POTENTIAL AVAIL.	30		2	2		28	28				
EST. DD UTILIZATION	30		2	2		28	28				
DD UTILIZATON GAP											
WSSH *** (FY 77)											
ESTIMATED TOTAL CAPACITY	475					27	16		108		105
EST. DD POTENTIAL AVAIL.	89					1	1		14		19
EST. DD UTILIZATION	89					1	1		14		19
DD UTILIZATION GAP											
CMHC REGION I											
ESTIMATED TOTAL CAPACITY	8	8						50			
EST. DD POTENTIAL AVAIL.	2	-						9			
EST. DD UTILIZATION											
DD UTILIZATION GAP											
CMHC REGION III				NO INFORMATION							
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											
CMHC REGION V				NO INFORMATION							
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											

* Students enrolled in institution school-all ages.

** Students receiving formal training in cottages-all ages.

*** The data included in this table describe the residual mentally retarded population, currently residing at WSSH, for whom services and placement need to be developed by ETC and BRSH. WSSH has no plan, other than care, custody and release to an alternative placement for the residual, inappropriately admitted/illegally retained mentally retarded patients who belong in other facilities under sponsorship or control of DDD or DMH.

(See Special Note on next page)

*Other current total Day programming - all patients:

Occupational Therapy	314
Physical Education	105
Music Therapy	116
Vocational Education	79
Basic Education	29
Children's Vocational Education	10
Children's Basic Education	30
Children's Pre-Vocational Education	16

**Other DD Programming:

Recreation	39
Occupational Therapy	50
Music Therapy	36
Total DD involvement in WSSH rehabilitation services bureau programming	65

AGENCY TABLE 3-4b

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY SUPPORT SERVICES FOR 78 (FY)

MDI (Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION 1	SUPPORT SERVICE											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY / PROGRAM SUPPORT		
	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social, Socio-legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & H other Special 10	Recreation 11	Personal Care 12	Transportation 13
BRSH												
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION	302	302	81	35	50		317	317	200	317	317	95
DD UTILIZATION GAP												
ETC												
ESTIMATED TOTAL CAPACITY	32	32	32	32	32		32		32	32	32	
EST. DD POTENTIAL AVAIL.	32	32	32	32	32		32		32	32	32	
EST. DD UTILIZATION	32	32	32	32	32		32		32	32	32	
DD UTILIZATION GAP												
WSSH ***												
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST DD UTILIZATION									89	39		
DD UTILIZATION GAP												
CMHC REGION I												
ESTIMATED TOTAL CAPACITY	2000	2000		2000						10		
EST. DD POTENTIAL AVAIL.	103			40						9		
EST. DD UTILIZATION	103			40						9		
DD UTILIZATION GAP												
CMHC REGION III					NO INFORMATION							
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION												
DD UTILIZATION GAP												
CMHC REGION V					NO INFORMATION							
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION												
DD UTILIZATION GAP												

AGENCY TABLE 3-5
PERSONNEL & FISCAL RESOURCE SUMMARY

MDI - BRSH
Agency
(DDSP 3.2.1.3)

Personnel Summary	FY 76 Past Yr.	FY 77 Current Yr.	FY 78 (Est.) Plan Yr.
Permanent full-time positions			
Full-time equivalents	749.9	638.9	549.4
Other than full-time			48

Budget Summary			
Capital facilities & Equipment			
Total $			
State			
Federal			
Local			
Operating Expenses Total	8,930,856	8,038,077	7,412,233 *
State Direct			
Interagency transfer			
Federal Total			
Program (ESEA Title I)	156,999	279,829	250,000
Program (specify)			
County/local			
Other (specify)			

* Authorized

MDI-ETC
(Agency)
(DOSP 3.2.1.3)

Personnel Summary

	FY 76 Past Yr.	FY 77 Current Yr.	FY 78 (Est.) Plan Yr.
Permanent full-time positions	28.0	28.0	31.00
Full-time equivalents	28.0	28.0	31.00
Other than full-time	1.11	1.11	1.11

Budget Summary

PROGRAM COSTS			
Total $ (Excluding Operating Ex.)	342,049	358,805	397,177
State	342,049	358,805	397,177
Federal	0	0	0
Local	0	0	0
Operating Expenses Total	41,699.00	47,375.00	58,560.00
State Direct	41,699.00	47,375.00	58,560.00
Interagency transfer	0	0	0
Federal Total			
Program A (specify) ESEA Title 1	34,000.00	34,000.00	51,000.00
Program B (specify) ESEA Title IV	_____	145.00	145.00
County/local	0	0	0
Other (specify) OSPI Food Services	1,200.00	1,200.00	1,200.00

PERSONNEL & FISCAL RESOURCE SUMMARY

MDI - WSSH
(Agency
(DDSP 3.2.1.

TOTAL WSSH BUDGET

Personnel Summary	FY 76 Past Yr.	FY 77 Current Yr.	FY 78 (Est.) Plan Yr.
Permanent full-time positions			
Full-time equivalents	1222.62	1222.62	717.6
Other than full-time			
Budget Summary			
Capital facilities & Equipment			
Total $	$301,900	$261,734	$112,920
State		261,734	112,920
Federal			
Local			
Operating Expenses Total	$14,646,823	$15,490,924	$11,184,523
State Direct	$11,595,838	$15,443,084	$10,781,595
Interagency transfer			
Federal Total			
Program A (specify) FPRA	$50,985	$47,840	$135,000
Program B (specify) Revenue Sharing	$3,000,000	------	----
County/local			
Other (specify) Revolving	$213,515	$248,677	$267,928

MDI - CMHC, Re
(Agency
(DDSP 3.2.1)

Personnel Summary	FY 30 Past Yr.	FY 47 Current Yr.	FY 52 (Est.) Plan Yr.
Permanent full-time positions			
Full-time equivalents	28	45	50
Other than full-time	2	2	2

Budget Summary

Capital facilities & Equipment

Total $	20,760.00
State	9,549.60
Federal	6,228.00
Local	4,982.40

Operating Expenses Total		$863,296.00
State Direct		271,097.00
Interagency transfer		128,860.00
Federal Total		
Program A (specify)		Children's Grant 58,337.00
Program B (specify)		Distress Grant 200,352.00
County/local		45,000.00
Other (specify)	Fees	80,000.00
	Reserves	79,650.00

AGENCY TABLE 3-5
PERSONNEL & FISCAL RESOURCE SUMMARY

MDI - CMHC Region III
Agency
(DDSP 3.2.1.3)

Personnel Summary	FY 76 Past Yr.	FY 77 Current Yr.	FY 78 (Est.) Plan Yr.
Permanent full-time positions		55	66
Full-time equivalents			
Other than full-time		12 *	0

* 4 contract psychiatrists
1 half-time MSW; 1 half-time Ph.D. psychologist
5 part-time secretary; 1 part-time MHW

Budget Summary

Capital facilities & Equipment (See budget information attached)

Total $

State

Federal

Local

Operating Expenses Total	951,965	1,462,641	1,707,827
INCOME			
State Direct (Includes inter-agency contracts)	389,428	790,063	1,005,337
Federal Total (Includes Medicaid, Medicare, special grants)	637,076	483,324	515,167
County/local (includes inservice school, etc)	157,254	156,850	267,902

HEALTH SERVICES FUNDING
FINANCIAL PLAN - SUMMARY SHEET

Name of Institution: SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER

Project Title: CHILDREN'S CONTINUATION STAFFING GRANT

ESTIMATED BUDGET - FY '78

		Fee for Service	Total
I.	INCOME		
	A. Federal Support This Grant Contract		130,334
	B. State and Local Government		
	1. State		949,403
	2. Local		109,140
	C. Third Party Payors		
	1. Medicare	3,391	
	2. Medicaid	92,464	
	3. Other		
	a. Schools	14,613	
	b. Insurance	4,162	
	c. V.A.	13,192	
	d. S.R.S.	2,324	
	e. See Attachment "A"	42,134	
	4. Total Section C	180,280	
	D. Direct User Payments	34,663	
	E. Total Payments for Services		214,943**
			110,000
	F. Other Private Sources		
	G. Loans		
	H. Other		
	1. Fed. #08-H-000057-06		
	2. Fed. #08-H-000151-03		
	3. Program Income		13,800
	I. Total Income		1,707,827
II.	EXPENDITURES		1,707,827

** FY - July 1st through June 30th

MDI-CMHC - Region V
(Agency
(DDSP 3.2.1.3)

Personnel Summary	FY Past Yr.	FY Current Yr.	FY (Est.) Plan Yr.
Permanent full-time positions			
Full-time equivalents			
Other than full-time			

Budget Summary		
Capital facilities & Equipment		
Total $	$ 9,000.	
State		
Federal		
Local		
Operating Expenses Total	$757,945.	
State Direct	$202,193.	
Interagency ~~transfer~~ Contract	$151,253.	Warm Springs State Contract
Federal Total	$144,421.	
County/local	$197,639	
Other (specify)		

MDI
(Agency)

AGENCY TABLE 3-6a
COSTS FOR AGENCY DIRECT SERVICES FOR 77 (FY)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL 1a	DIRECT SERVICES										
		RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
				PRE-SCHOOL		SCHOOL AGE			ADULT			
		Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
BRSH												
FEDERAL												
STATE					INFORMATION NOT AVAILABLE							
OTHER												
TOTAL	8038077											
ETC	34,000				13,500		10,500	10,000				
FEDERAL	287,779	46,319	108,080		8,002		87,665	37,713				
STATE												
OTHER												
TOTAL	321,779	46,319	108,080		21,502		98,215	47,713				
WSSH(pays/day)*												
FEDERAL	47,840											
STATE	15443084	50.27*					1.0?*				.79*	
OTHER												
TOTAL	15443084											
CMHC-RI(p/mo)**		400**	375**						953**			
FEDERAL	258689											
STATE	399957											
OTHER	204650											
TOTAL	863296											
CMHC-Reg.III					INFORMATION PROVIDED BUT							
FEDERAL	483324				REQUIRES FURTHER ANALYSIS							
STATE	790063											
OTHER	156850											
TOTAL	146264											
CMHC-Reg.V					INFORMATION NOT AVAILABLE							
FEDERAL	144421											
STATE	353446											
OTHER	197639											
TOTAL	757945											

MDI
(Agency)

AGENCY TABLE 3-6b
COSTS FOR AGENCY SUPPORT SERVICES FOR 77 (FY)

(DDSP 3.2.1.3)

Geographic Subdivision	Total	Support Services											
		Identification			Case Management			Treatment			Family/Program Support		
		Diagnostic	Evaluation	Information & Referral	Counseling	Protective Social Socio-Legal	Follow-Along	Medical	Dental	OT, PT, SP & H other, Special	Recreation	Personal Care	Transportation
1	1a	3	3	4	5	6	7	8	9	10	11	12	13
BRSH	8038077												
FEDERAL													
STATE					Information Not Available								
OTHER													
TOTAL													
ETC													
FEDERAL	47558									15500	32058		
STATE	108848	1200	10330	6553	6553	6185	6553	2400		14650			
OTHER													
TOTAL	156436	1200	10330	6553	6553	6185	6553	2400		30150	32058		
WSSH (pays/day)	*												
FEDERAL													
STATE	14.23*	1.0*	2.99*	.8*		.81*		.58*	.41*	1.00*	1.07*	5.57*	N/Av.
OTHER													
TOTAL													
CMHC - Reg. I	30/hr	all services											
FEDERAL													
STATE													
OTHER													
TOTAL													
CMHC - Reg III													
FEDERAL													
STATE													
OTHER				-									
TOTAL													
CMHC - Reg V													
FEDERAL													
STATE													
OTHER													
TOTAL													

AGENCY TABLE 3-7
PER CAPITA EXPENDITURES FOR AGENCY SERVICES (ACTUAL)

ALL
(Type of Service)

MDI
(Agency)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	ESTIMATED TOTAL COST OF SERVICE 2	TOTAL NUMBER SERVED 3	AVERAGE PER CAPITA COST 4	ESTIMATED TOTAL NO. (OR %) OF DD SERVED 5	ESTIMATED TOTAL COST OF DD POP. SERVICES 6
MDI Institutions					
BRSH	8,038,077	264	30,447	100%	8,038,077
ETC	455,677	32	14,242	100%	455,748
WSSH	15,490,924	564	27,466	90	2,471,956
					10,965,781
MDI - CMHC					
Region I		NO INFORMATION			
Region III	Information provided requires further analysis			35%	
Region V					
Inpatient, etc	422,066	1,945	217	unk.	unk.
Support	140,680	239	589	unk.	unk.

MDI
(Agency)

AGENCY TABLE 3-8
ESTIMATED CURRENT AND PROJECTED PERSONPOWER BY SKILL AREA

(DDSP 3.2.1.3)

SERVICE REGION	PROFESSIONAL		PARA-PROFESSIONAL		ADMINISTRATIVE (MANAGERIAL & CLERICAL)		OTHER SUPPORT STAFF	
	Current	5-Yr. Projected	Current	5-Yr. Projected	Current	5-Yr. Projected	Current	5-Yr. Projected
BRSH	114	NE	298	NE	56.4	NE	171	NE
ETC	9	11	12	17	3	3	6	8
WSSH	41	NE	361	NE	19	NE	172	NE
CMHC's								
Region I	31	52	4	14	6	12	--	--
Region III	37	NE	9	NE	21	NE	--	--
Region V	17	NE	5	NE	16	NE	--	--

MDI - Institutions
(Agency)

AGENCY TABLE 3-9
MONITORING AND EVALUATION ACTIVITIES - PAST & PROJECTED

(DDSP 3.2.1.4)

AGENCY SERVICE PROGRAM & IDENTITY OF EVALUATED PROJECT	PROJECTS REVIEWED IN THE PAST YEAR			PLANNED REVIEW	
	PRIMARY TYPE OF SERVICE	TYPE OF MONITORING/ EVALUATION CONDUCTED	SUMMARY OF RESULTS	TYPE OF MONITORING/ EVALUATION	TARGET DATE
1	2	3	4	5	6
BRSH Institutional Services	training	computer printout reports: no. residents in programs, hrs of training, kind of programs. --- Trainer or Supr. evaluates programs to determine students' progress. Formal programs evaluated daily, informal programs-weekly or monthly.	Substantial increase in both number of residents in training programs and in the total hours of training. Percent of residents in programs - 99.6% average hours of training per day per resident - 3 hours.	Continue same	ongoing
ETC Eastmont Training Center	Education	Self-Evaluation	Continual expansion of quality services	Self evaluation	ongoing
		Board of Visitors	Findings resulted in an exemplary service.	Board of Visitors	10/77

MDI-Institutions
(Agency)

AGENCY TABLE 3-9
MONITORING AND EVALUATION ACTIVITIES - PAST & PROJECTED

(DDSP 3.2.1.4)

AGENCY SERVICE PROGRAM & IDENTITY OF EVALUATED PROJECT	PROJECTS REVIEWED IN THE PAST YEAR			PLANNED REVIEW	
	PRIMARY TYPE OF SERVICE	TYPE OF MONITORING/ EVALUATION CONDUCTED	SUMMARY OF RESULTS	TYPE OF MONITORING/ EVALUATION	TARGET DATE
1	2	3	4	5	6
		Legislative Auditor	Instruction for clerical staff in SBAS Employment of Additional staff		5/78
WSSH Care and Custody inter-disciplinary Analysis of the needs of WSSH mentally retarded population -- Analysis geared toward potential for release from WSSH.	Evaluation of needs in these areas 1. Audiology 2. Dental 3. Education 4. Nursing 5. OT 6. Physical 7. Psychology 8. Social Services	1. Record Analysis 2. Direct observation 3. Ongoing documentation of CC services rendered 14. Regular Treatment plan review 5. Psychological testing 6. Social Service Referral and Placement Planning 7. Cooperation with DD and BRSH	The Department of Institutions, Boulder River School and Hospital, and Developmental Disabilities Division, SRS, are aware of the results of all evaluative studies of the WSSH mentally retarded population completed during calendar years 1976 and 1977. Please refer to the report documents previously submitted to these agencies by WSSH and BRSH.	There is ongoing monitoring of care, custody and release planning needs for all WSSH MR persons referred to BRSH and DD. This monitoring will continue until action on alternative placement referrals is taken by DDD and BRSH.	Setting target dates is solely the responsibility of BRSH & DDD. WSSH is awaiting action on placement referrals to DDD and BRSH

MDI - CMHC
(Agency)

AGENCY TABLE 3-9
MONITORING AND EVALUATION ACTIVITIES - PAST & PROJECTED

(DDSP 3.2.1.4)

AGENCY SERVICE PROGRAM & IDENTITY OF EVALUATED PROJECT	PROJECTS REVIEWED IN THE PAST YEAR			PLANNED REVIEW	
	PRIMARY TYPE OF SERVICE	TYPE OF MONITORING/ EVALUATION CONDUCTED	SUMMARY OF RESULTS	TYPE OF MONITORING/ EVALUATION	TARGET DATE
1	2	3	4	5	6
Region I Evaluated twice per year by Federal and State.			Good		
Region III No evaluation specifically related to DD (reported by Region III CMHC)					
Region V NIMH Annual Review			In compliance in all areas.		
Montana State Dept. of Institutions					
Internal Peer Review and Fiscal Audit					

MDI

(Agency)

AGENCY TABLE 3-10
STATUS OF HABILITATION PLANNING

(DDSP 3.2.1.4)

SERVICE REGION & FACILITY 1	NO. CLIENTS SERVED 2	RECORD STATUS			TARGET DATE FOR COMPLETION OF IHP'S 6
		NO. CLIENTS W/ RECORDS 3	% WITH RECORDS 4	REVIEW PERIOD 5	
Institutions					
BRSH (76 data)	317	302	95.3%	1 year	7/1/77
ETC	32	32	100%	12/year	comp.
WSSH (DD only)	99	99	100%	4/year	comp.
CMHC's					
Region I	2,200	2,200	100%	NI NF	NI
Region III	Note 1				
Region V	Note 2				

1. CMHC does not take responsibility for Habilitation Plar except for those DD patients who are emotionally disturbed. Region III CMHC aide in evaluation of approximately 80 to 10 clients who are DD each year.

2. Any patient identified as having a primary diagnosis of mental retardatio is referred to an appropriate agency. Re V CMHC carries no on going DD clients nor do they ancipate doi so.

DEPARTMENT

OF

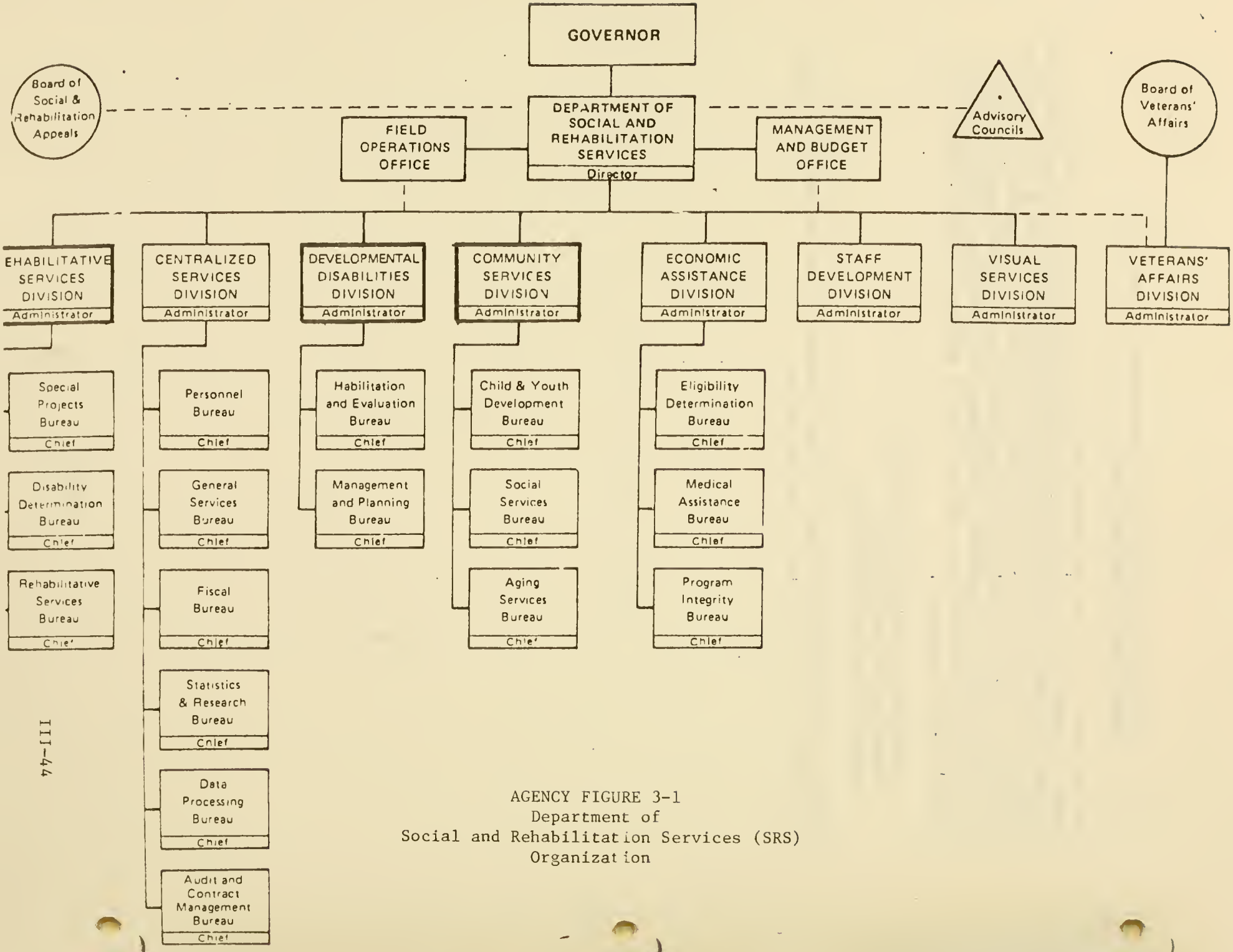
SOCIAL AND REHABILITATION SERVICES

3.2.SRS SERVICES AND RESOURCES OF THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES (SRS)

The Department of Social and Rehabilitation Services (SRS) is an umbrella agency responsible for the provision and administration of a variety of service programs related to the social rehabilitation needs of Montana's citizens. The Department is comprized of seven divisions, five of which administer service programs and three of which are programs which have a direct relationship to the service needs of DD persons. (See Figure 3-1) As shown in Agency Figure 3-1, the three divisions which are involved in service provision related to DD persons' service needs are:

Developmental Disabilities Division
Community Services Division
Rehabilitative Services Division

Because of the importance of each of these divisions in the DD service network, an analysis of each division is included below.



AGENCY FIGURE 3-1
Department of
Social and Rehabilitation Services (SRS)
Organization

DEPARTMENT OF
SOCIAL AND REHABILITATION SERVICES

DEVELOPMENTAL DISABILITIES DIVISION

3.2.2 Services and Resources of SRS/Developmental Disabilities Division (DDD)

One of the principle divisions of SRS with responsibility for services to developmentally disabled persons is the Developmental Disabilities Division (DDD). The DDD was created in April 1976 as an outgrowth of major management study prepared by the Governor's Office of Budget and Program Planning. Prior to that time the DD program was a bureau in the Rehabilitation Services Division. The change from bureau to divisional status was made partly because of the increase in program responsibilities and the importance of the DD program. (See Agency Figure 3-1) The DDD in Helena consists of two bureaus: Habilitation & Evaluation Bureau and the Management Planning Bureau. The Habilitation & Evaluation Bureau (HEB) is responsible for all direct services and the evaluation of all services sponsored by the Division. Services include deinstitutionalization/ follow-along systems.

The Management Planning Bureau (MPB) is responsible for management including financial duties and preparation of the State Plan, and consultation and guidance to regional staff and community.

Coordination activities of the Division include regular monthly meetings with Rehabilitation Services and periodic meetings with OSPI, Social Services, Institutions and Department of Health. In August 1976, the Division gave a presentation on DD programs and activities to the complete SRS administrative staff. A major thrust of the Division has been to improve relationships and increase coordination with other agencies and programs serving the developmentally disabled.

The DDD is responsible for the planning and development of community based services. All direct services with the exception of institutional placement services are provided through purchase of services contracts. Five client services specialists do provide comprehensive placement and adjustment services for persons returning to the community from Boulder River School & Hospital.

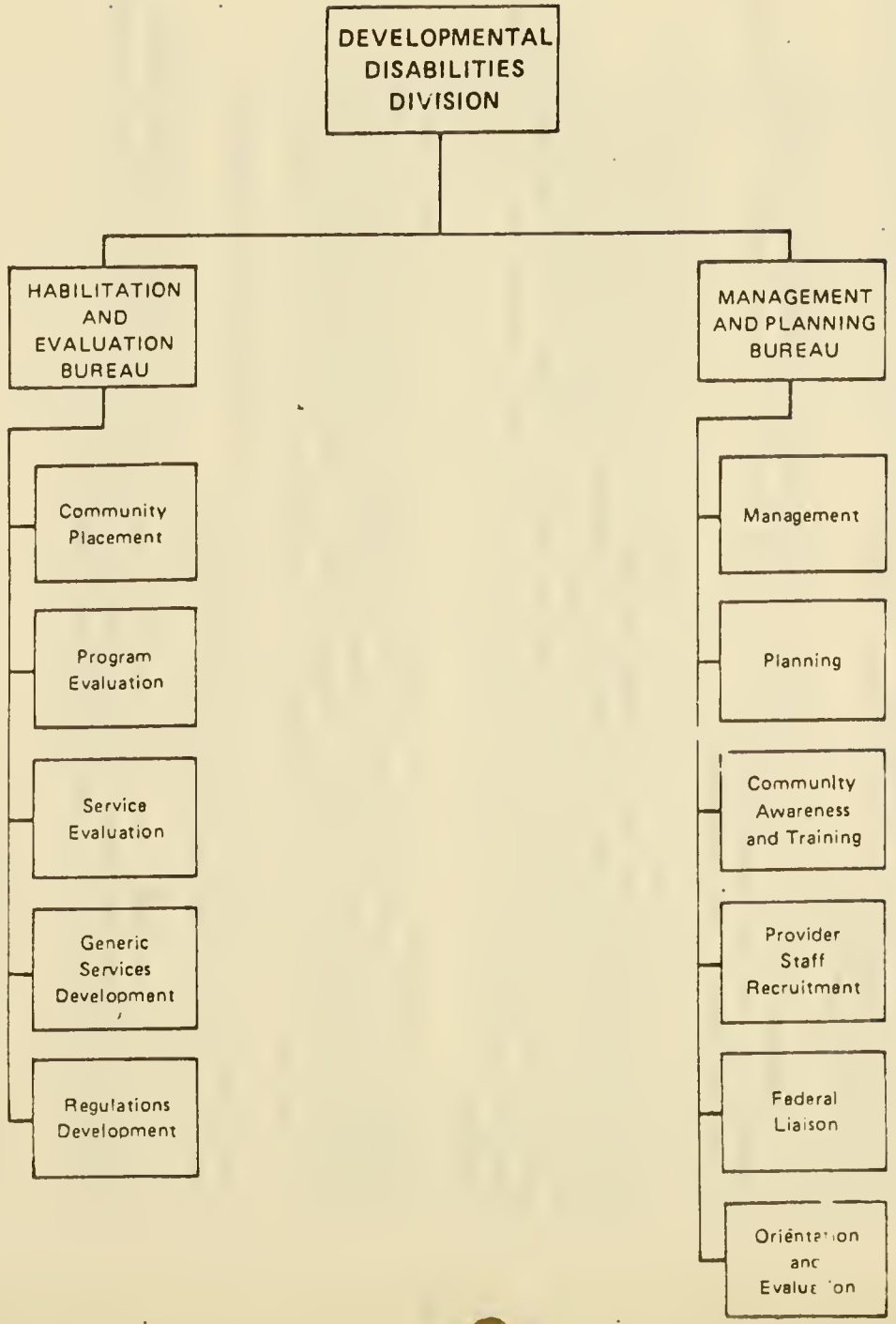
There are five regional offices that carry out the planning, development and coordination of local specialized DD services.

The Division provides vocational services, group home training, transportation, respite care, natural home training, and treatment/follow-along services through purchase of contracts as shown in Agency Figure 3-2.

3.2.2.1 Scope of Services

The Developmental Disabilities Division is the responsible agency charged by the state legislature with the development, coordination, and provision of services to Montana's DD population. The DDD provides the following basic services: residential services, preschool education/training, school age training, adult education/training, identification services, case management services, personal care and transportation.

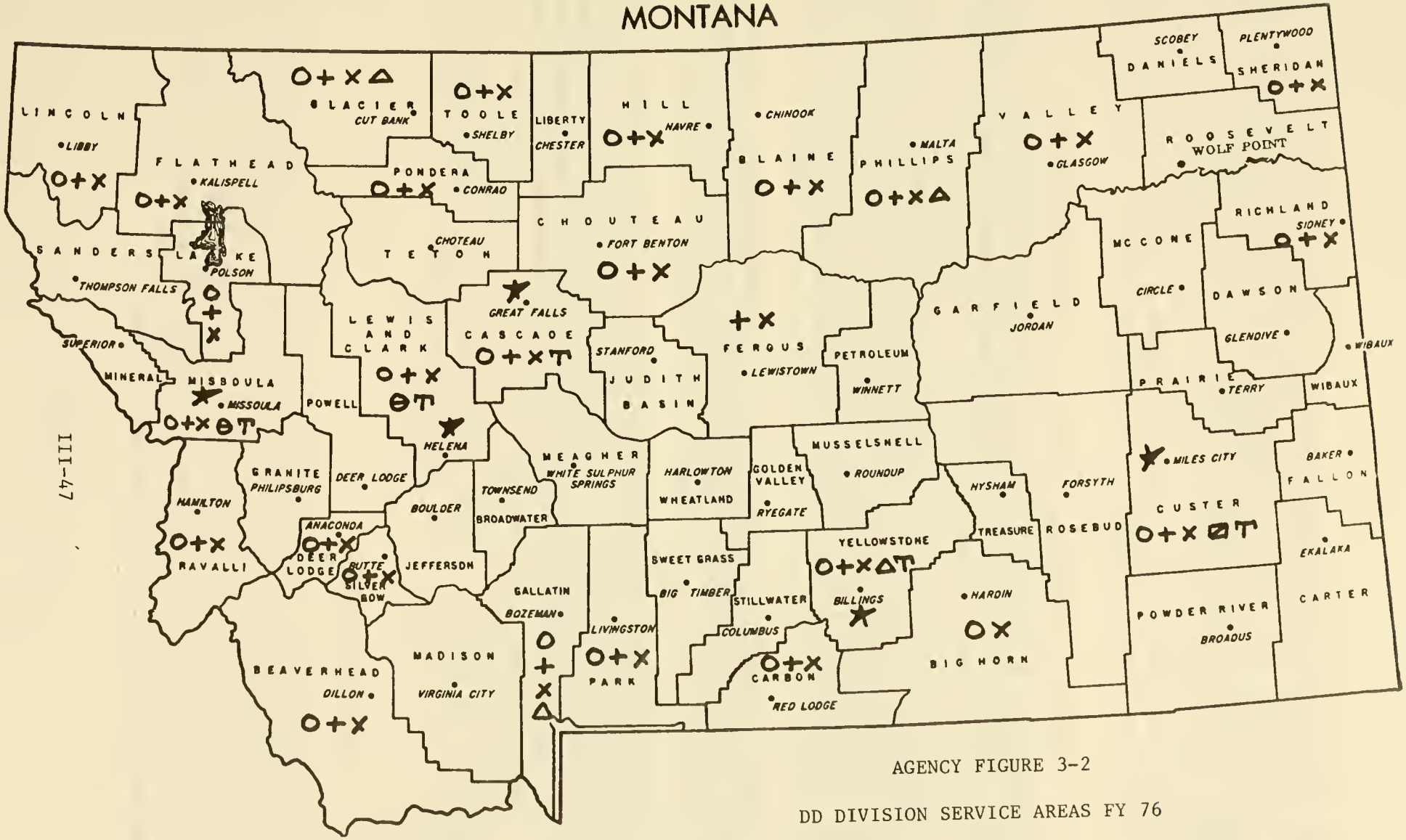
The DDD is also involved in research and development projects aimed at improving the range and quality of community based services



AGENCY FIGURE 3-1

FUNCTIONAL CHART
Developmental Disabilities Division
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DECEMBER, 1976

MONTANA



AGENCY FIGURE 3-2

DD DIVISION SERVICE AREAS FY 76

- Regional DD Offices
- Vocational Services
- Transportation
- Group Home Training
- Respite Care
- Natural Home Training
- Treatment/Follow-Along
- CSRS Training

No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
Helena

Data reflected in agency tables has been provided by service regions. The DDD has five regional offices located in Helena, Great Falls, Missoula, Billings and Miles City. Each office is responsible for responding to specific needs of the region as documented by regional council needs assessments. This is the reason that Table 3-2 represents certain difference in available services within each region.

The goals and objectives for the DDD are presented in full on Table 3-3. They represent considerable input from both the State Council and regional councils.

3.2.2.2 Potential Availability and DD Utilization of Services

Data for Tables 3-4 a and b is incomplete in some instances, especially for school age training. Certain figures are compilations of actual utilization in state fiscal year 1977 and projections for the federal fiscal year 1978.

The data collection system of the DDD is still being refined. One limitation faced by the Division is the inability to separate individuals by the services they receive. This limitation has led the Council to adopt as a major long-term goal the establishment of an integrated teaching system for DD clients. The Habilitation and Evaluation Bureau is presently working on such a system that will integrate with the Division's contracts monitoring system.

At present the Division is serving some 850 to 900 individual clients. This figure does not include one component of family and child services. That component is the program of working with natural families to assist them in keeping their handicapped children at home.

The number of clients receiving direct services is: special living: Region I - 43, Region II - 94, Region III - 79, Region IV - 75, Region V - 49; preschool education/training: Region I - 13, Region III - 19, Region IV - 14; school age training: all regions - number unknown; adult education/training: Region I - 93, Region II - 225, Region III - 126, Region IV - 135 and Region V - 158. The number of clients receiving support services is: identification: Region V - number unknown; case management: Region IV - number unknown; personal care: Region I - 13, Region II - number unknown, Region III - 30-40, Region IV - 96, Region V - number unknown; and transportation: Region I - 486, Region II - 307, Region III - 113, Region IV - 163, Region V - 123.

3.2.2.3 Service Resources

During the session of the 45th Legislature of Montana in early 1977, numerous revisions were made to the budget of the DD Division. This has limited the ability of the DDD to finalize its budget for 1978. Included in the budget are operating expenses for each of the five regional councils, as well as the state match for the State Council. The budget for FY 1978 in essence has not been finalized, nor has new hiring for unfilled and previously frozen positions taken place. This will probably be done before October 1, 1977. For those reasons, no Tables 3-5 or 3-8 have been included.

Information was made available concerning funds spent on services from July 1976 through July of 1977. These are summarized by service and by region on Agency Table 3-7, which has been provided for both direct and support services. The state totals are summarized below and are as follows: special living - $1,282,320; preschool eduation/training - $63,504; school age training - $509,750; adult education/training - $3,258,664; identification services - $119,356; case management - $46,280; personal care - $206,645; and transportation--$393,337.

3.2.2.4 Quality of Services

Table 3-9 dealing with monitoring activities and Table 3-10 dealing with the status of habilitation planning are not included for the DD Division.

A new contracts monitoring system has just been developed by the Division. It was not, however, possible to retrieve any information from the system as it only began in July of this year. Included in the system is a requirement for each contractor to provide at a minimum of twice a year an assessment of each client's progress within his/her habilitation plan. Information concerning the status of habilitation planning should be developed by the Division in time for the FY 1979 plan.

House Bill 772, which was passed in 1977, provides for evaluation of all regional programs by the regional councils. It also provides for quarterly reports from the Division to the Council. Both tools will be utilized by the Council in making assessments of DDD services in the state.

The Department of SRS is also charged with adopting rules and regulations governing DD programs, services, and facilities. The DDD in August began a review of service/facility standards with the aim of proposing such regulations and standards as necessary. When they are established they will give the Council a firm base for making assessments as to the quality of services provided.

AGENCY TABLE 3-I
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

DD DIVISION
Agency

(DDSP 3.2.1.1)

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	Service: Relation to objective and Goal to be Served 5
1. Daily Living Training for DD Persons.		Includes training in personal care, self-help, and community living skills. Training includes things such as dressing, grooming, bathing, toileting, cooking, laundering, money management, use of community services such as transportation, recreation, etc. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.	To enable 441 persons in the community in group homes; 131 DD persons in the community in foster homes; and 2,100 DD persons in natural homes to increase their abilities to be independent. Purchase services from group homes, foster homes, natural homes who have qualified training persons. To enable 175 DD persons in institutions to be returned to the community in group homes; 61 DD persons in institutions to be returned to the community to foster homes; & 131 DD persons in intermediate care facilities	Training will be given by qualified persons to 2,672 DD persons in order to minimize disabilities. Service is directed at achieving self-sufficiency. Training will be given by qualified persons to 367 DD persons to minimize their disabilities. Service is necessary to insure removal from institutional to less restrictive environment.

* Federal and/or State Statute or Regulation

AGE( )TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

DD( )IVISION
Agency

(DDSP 3.2.1.)

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	Service: Relation to objective and Goal to be Served 5
			and personal care homes to move to less restrictive environments. Purchase services from group homes, foster homes, natural homes who have qualified training persons. Purchase services from qualified training persons who are not employees of intermediate care facility or personal care home for DD persons who are in such facilities.	
2. Preschool and Day Training for DD Children		Facility based or home-bound programs for children 0-6 years offering structured training in communication, motor, self-help, personal care and community living skills to the child and training and assistance to parents. Achieving or maintaining economic self-support to	To enable 525 children in the community to obtain training necessary for regular school skills. Purchase service from licensed and/or certified trainers or	To enable 525 DD children to learn skills to prepare them to be more se sufficient and cap able of remaining community-based programs. To enable 44 DD ch ren to learn self-

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-I
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

DD DIVISION
Agency

(DDSP 3.2.1.1)

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	Service: Relation to objective and Goal to be Served 5
		prevent, reduce, or eliminate dependency. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.	programs. To enable 44 children in institutions to obtain training necessary for placement into the community. Purchase service from licensed and/or certified trainers or programs. To enable parents and foster parents of 569 DD children to secure employment and/or augment training of children.	sufficiency skills required for community-based living. To enable parents to have sufficient time for education and training required for employment as well as employment; also to enable parents to assist in training to reduce dependency.
3. Respite Care for DD Persons		Respite care includes in-home and out-of-home care for DD persons for temporary periods of time in order to relieve natural home, foster home, and group home. Preventing or reducing inappropriate institutional care by providing for community-	To enable natural homes, foster homes, and group homes in the community to find short-term alternative care for 822 DD persons	Respite care will increase and stabilize the care available in natural homes, foster homes, and group homes in the community and thereby prevent institutionalization. Respite care will be

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

DD DIVISION
Agency

(DDSP 3.7 1.1

TITLE OF SERVICE	Authority *	DESCRIPTION OF SERVICES	TARGET POPULATION	Service: Relatic to objective and Goal to be Served
		based care, home-based care, or other forms of less intensive care.	To enable 66 DD persons in institutions to return to the community.	required if these persons are to be returned to the community.
4. Training for Natural Parents.		Training includes methods of working with DD persons and how to develop services in the community. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.	To enable 1,050 natural parents to receive training.	Training of 1,050 ural parents in ar of DD will increas the ability of DD people to be self-sufficient and red the necessity of c in institutions.
5. Transportation for DD Persons		Transportation includes travel by public or private service to enable DD persons to receive community services. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency. Achieving or maintaining self-sufficiency, including reduction or prevention of	To enable 564 DD persons in the community to have transportation to services and employment. To enable 175 DD persons to be returned from the	Transportation wil be necessary for D persons to receive training and medic services located i the community. Th will help these pe sons to become mor self-sufficient an also able to secur and hold employmen This will reduce

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

DD DIVISION
Agency

(DDSP 3.2.1.)

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	Service: Relation to objective and Goal to be Served 5
		dependency. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.	institutions to the community.	dependency. Transportation will be necessary for these 175 DD persons to receive training and medical services which are scattered in the community. This will allow these persons to become more self-sufficient and also able to secure and hold employment. This will reduce dependency.
6. Treatment and Follow-Along Services for the DD.		Includes locating or providing treatment and training programs as directed by habilitation plan to DD persons and their families. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.	To follow the habilitation plan recommendations formulated during an evaluation by a multidiciplinary team to increase the functioning abilities of DD individuals and their families.	This follow-along treatment will enable DD individuals to receive maximum service benefits from their evaluations by increasing their community functioning abilities and thereby preventing institutionalization.

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

DD DIVISION
Agency

(DDSP 3.7 1..

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	Service: Relatic to objective anc Goal to be Servec 5
7. Vocational Services for DD Persons.		Vocational Services include training in pre-vocational skills, specific vocational skills, and employment by a vocational/day activity, work activity and sheltered employment. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.	To enable 175 DD persons in the community to secure employment or requisite skills for employment. Purchase services from vocational facilities which meet minimal program standards approved by the State of Montana.	To enable 1181 DD persons to achieve or maintain econom self-support by em ployment or acquir requisite skills f employment in orde to prevent, reduce or eliminate depen dency and prevent institutionalizati Training in approv vocational facilit may also include p sonal care, self-help and community living skills in o to secure employme or to train in voc tional skills. To enable 175 DD p sons to achieve or maintain economic self-support by em ployment or acquir requisite skills f employment in orde reduce inappropria institutional care provide economic s support. Training approved vocationa facilities may als clude personal car

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION
AND ELIGIBILITY REQUIREMENTS

DD DIVISION
Agency

(DDSP 3.2.1.1)

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	Service: Relation to objective and Goal to be Served
				self-help, and community living skills in order to secure employment or to train vocational skills.
8. Special Living Arrangements		Residential services provided in a variety of settings Group Home I Group Home II Group Home III Semi-independent Living Nursing Home	All DD persons	Provide alternative living arrangements in the community.

* Federal and/or State Statute or Regulation

DDD
Agency

AGENCY TABLE 3-2
AGENCY SERVICES CORRESPONDING TO DD SERVICES (DDSP 3.2.1.1)

AGENCY SERVICES by Region	SERVICES																								
	DIRECT											SUPPORT													
	RESIDENT SERV.		DAY PROGRAMS								EMPLOYMENT		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY PROGRAM SUPPORT		
			PRE SCHOOL		SCHOOLAGE		ADULT																		
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	DAY CARE	EDUCATION/TRAINING	DAY CARE	EDUCATION	TRAINING	DAY CARE	EDUCATION/TRAINING	SHELTERED	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION & REFERRAL	COUNSELING	PROTECTIVE AND OTHER SOCIAL AND SOCIO-LEGAL SERVICES	FOLLOW-ALONG	MEDICAL	DENTAL	OT, PT, SP&H, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION
REGION I		x		x			x		x														x	x
REGION II		x					x		x														x	x
REGION III		x		x			x		x														x	x
REGION IV		x		x			x		x						x	x	x						x	x
REGION V		x					x		x			x	x	x									x	x

DDD

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(Agency)
(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP DATE 4
1. By June 30, 1979 to have developed a full range of appropriate services in each region of the state for the clients currently enrolled and to be included during the biennium. 2. By June 30, 1979 to have developed the service capability of appropriate generic services for the clients of Goal 1.	1. Reinforce existing community based services for the contemporary and anticipated client population. 1.1 Daytime services: Diversify and coordinate the prevocational, avocational and vocational programs. 1.2 Residential services: Develop a full range of services to include foster care, semi-independent living and community homes. The community home model will be modified to serve from 3 to 8 clients depending upon client needs and progress. 1.3 Special services: Continue the development of transportation, respite, recreation & other special services initiated during the present fiscal period. 2. Establish a system of family services to assure the deinstitutionalization of all children & youth at BRSH and to prevent the institutionalization of children & youth currently in th community.	1. Develop and refine a client tracking and evaluation system capable of supporting clinical and management decisions. 1.1 Design and initiate a pilot study on Cost Benefit Analysis. 2. Refine the contracting and grant process to assure programmatic as well as fiscal accountability and integrity. 2.1 Design and initiate an incentive contract procedure. 2.2 Determine the feasibility of alternative funding approaches for new projects, i.e., low interest loans rather than grants. 2.3 Initiate a management by objectives (or similar procedure) for Divisional activities. 3. Develop and establish standards and regulations to guide programs in relation to client needs. 4. Continue the research and development of community based services. 5. Develop case management capability to assure complete, appropriate and long term response to client needs. 5.1 Continue placement of residents from institutions. 5.2 Assure appropriateness of service by establishing system of within-community movement.	

DDD
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
	2.1 Complete the movement of children and youth already identified by the Child & Adolescent Project (CAP). 2.2 Develop appropriate residential alternatives when natural and foster homes are inappropriate for client needs. 2.3 Extend the capability and availability of family support services: 2.3.1 Respite care 2.3.2 Parent training 2.3.3 Early intervention 2.4 Research and develop the "Extended Family" model of services to natural and foster families. 3. Research and develop model long-term-care (LTC) services with existing facilities for clients identified or predicted by DDD studies. 3.1 ICF/MR (15 or fewer) 3.2 ICF/MR (greater than 15 and less than 45) 3.3 Extend community-based support services to residents of LTC facilities.	6. Increase the capability of the citizenry to support and guide the Division and the providers. 6.1 Regional and state DD councils 6.2 Non-profit boards of directors 7. Implement the habilitation planning team procedure. 7.1 This activity relates to 5.0 but will continue as a high priority even if the case management capability does not develop. 8. Develop the capability of the DDD to assess, coordinate and evaluate the training needs and activities of program staff, DD councils and DDD staff. 9. Coordinate DDD planning activities with those of the state and regional DD councils.	

DDD

(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
	4. Increase and diversity the training available to all service providers, staff and councils. All training will follow the systematic design of services and be of a thorough and continuing nature to: 4.1 Residential service providers 4.2 Family service providers 4.3 Daytime service providers 4.4 Generic service providers 4.4.1 Long-term-care facilities 4.4.2 Mental health centers 4.4.3 Public health nurses 4.5 BRSH staff to assist in transfer to community-based services		

AGENCY TABLE 3-4a

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY DIRECT SERVICES FOR 77 (FY)

DDD (Agency)

(DDSP 3.?.1.2)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
REGION I											
ESTIMATED TOTAL CAPACITY		43		13					93		
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION		43		13			# unknown		93		
DD UTILIZATION GAP											
REGION II											
ESTIMATED TOTAL CAPACITY		94							225		
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION		94					# unknown		225		
DD UTILIZATON GAP											
REGION III											
ESTIMATED TOTAL CAPACITY		79		19					126		
EST. DD POTENTIAL AVAIL											
EST. DD UTILIZITION		79					# unknown		126		
DD UTILIZATION GAP											
REGION IV											
ESTIMATED TOTAL CAPACITY		75		14					135		
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION		75					# unknown		135		
DD UTILIZATION GAP											
REGION V											
ESTIMATED TOTAL CAPACITY		49							158		
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION		49					# unknown		158		
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											

AGENCY TABLE 3-4b

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY SUPPORT SERVICES FOR 77 (FY)

DDD (Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION	SUPPORT SERVICE												
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT				FAMILY / PROGRAM SUPPORT		
1	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective social, socio-legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & other Special 10		Recreation 11	Personal Care 12	Transportation 13
REGION I													
ESTIMATED TOTAL CAPACITY												13	456
EST. DD POTENTIAL AVAIL.													
EST DD UTILIZATION												13	456
DD UTILIZATION GAP													
REGION II													3
ESTIMATED TOTAL CAPACITY													307
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION													307
DD UTILIZATION GAP													
REGION III													
ESTIMATED TOTAL CAPACITY												30-40	113
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION												30-40	113
DD UTILIZATION GAP													
REGION IV													
ESTIMATED TOTAL CAPACITY												96	163
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION												96	163
DD UTILIZATION GAP													
REGION V													
ESTIMATED TOTAL CAPACITY													123.5
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION													123.5
DD UTILIZATION GAP													
ESTIMATED TOTAL CAPACITY													
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION													
DD UTILIZATION GAP													

DDD
(Agency)

AGENCY TABLE 3-6a
COSTS FOR AGENCY DIRECT SERVICES FOR 78 (FY)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL 1a	DIRECT SERVICES											
		RESIDENTIAL SERVICES		DAY PROGRAMS								EMPLOYMENT	
				PRE SCHOOL		SCHOOL AGE			ADULT				
		Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
REGION I												
FEDERAL												
STATE												
OTHER												
TOTAL		NA	90,952		709			72,751		371,297		
REGION II												
FEDERAL												
STATE												
OTHER												
TOTAL			531,795		-0-			134,717		888,704		
REGION III												
FEDERAL												
STATE												
OTHER												
TOTAL			191,464		26,940			103,789		578,427		
REGION IV												
FEDERAL												
STATE												
OTHER												
TOTAL			262,900		35,855			143,298		749,732		
REGION V												
FEDERAL												
STATE												
OTHER												
TOTAL			205,209		-0-			55,191		670,504		
FEDERAL												
STATE												
OTHER												
TOTAL												

DDD
(Agency)

AGENCY TABLE 3-6b
COSTS FOR AGENCY SUPPORT SERVICES FOR 78 (FY)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL 1a	SUPPORT SERVICES												
		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPPORT		
		Diagnostic 3	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social Socio-legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & H other Special 10	Recreation 11	Personal Care 12	Transportation 13
REGION I													
FEDERAL													
STATE													
OTHER													
TOTAL		-0-	-0-	-0-				-0-	-0-	-0-		8,333	47,333
REGION II													
FEDERAL													
STATE													
OTHER													
TOTAL												113,016	186,308
REGION III													
FEDERAL													
STATE													
OTHER													
TOTAL												19,496	44,520
REGION IV													
FEDERAL													
STATE													
OTHER													
TOTAL							46,280					38,634	57,122
REGION V													
FEDERAL													
STATE													
OTHER													
TOTAL	119,256											27,166	58,054
FEDERAL													
STATE													
OTHER													
TOTAL													

AGENCY TABLE 3-7

PER CAPITA EXPENDITURES FOR AGENCY SERVICES (ACTUAL)

Direct
(Type of Service)

DDD
(Agency)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	ESTIMATED TOTAL COST OF SERVICE 2	TOTAL NUMBER SERVED 3	AVERAGE PER CAPITA COST 4	ESTIMATED TOTAL NO. (OR %) OF DD SERVED 5	ESTIMATED TOTAL COST OF DD POP. SERVICES 6
Special Living					
Region I	90,952	43	2,115	100%	90,952
Region II	531,795	94	5,657	100%	531,795
Region III	191,464	79	2,423	100%	191,464
Region IV	262,900	75	3,505	100%	262,900
Region V	205,209	49	4,187	100%	205,209
Preschool Ed/Training					
Region I	709	13	54.50	100%	709
Region III	26,940	19	1,417	100%	26,940
Region IV	35,855	14	2,561	100%	35,855
School Age Training					
Region I	72,751	# unknown		100%	72,751
Region II	134,717	# unknown		100%	134,717
Region III	103,789	# unknown		100%	103,789
Region IV	143,298	# unknown		100%	143,298
Region V	55,191	# unknown		100%	55,191
Adult Ed/Training					
Region I	371,297	93	3,992	100%	371,297
Region II	888,704	225	3,949	100%	888,704
Region III	578,427	126	4,590	100%	578,427
Region IV	749,732	135	5,553	100%	749,732
Region V	670,504	158	4,243	100%	670,504

AGENCY TABLE 3-7
PER CAPITA EXPENDITURES FOR AGENCY SERVICES (ACTUAL)

Support
(Type of Service)

DDD
(Agency)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	ESTIMATED TOTAL COST OF SERVICE 2	TOTAL NUMBER SERVED 3	AVERAGE PER CAPITA COST 4	ESTIMATED TOTAL NO. (OR %) OF DD SERVED 5	ESTIMATED TOTAL COST OF DD POP. SERVICES 6
Identification					
Region V	119,256	# unknown	$ unknown	100%	119,256
Case Management					
Region IV	46,280	# unknown	$ unknown	100%	46,280
Personal Care					
Region I	8,333	13	$641	100%	8,333
Region II	113,016	# unknown	$ unknown	100%	113,016
Region III	19,496	30-40	$649-487	100%	19,496
Region IV	38,634	96	$40[illegible]	100%	38,634
Region V	27,166	# unknown	$ unknown	100%	27,166
Transportation					
Region I	47,333	456	$104	100%	47,333
Region II	186,308	307	$606	100%	186,308
Region III	44,520	113	$393	100%	44,520
Region IV	57,122	163	$350	100%	57,122
Region V	58,054	123.5	$470	100%	58,054

DEPARTMENT OF
SOCIAL AND REHABILITATION SERVICES

COMMUNITY SERVICES DIVISION/SOCIAL SERVICES BUREAU

3.2.3 Social Services Bureau/Community Services Division/Dept. of SRS

The Community Services Division is the second of the three divisions within the Department of Social and Rehabilitation Services that provides services to the developmentally disabled in Montana. These services are provided through the Social Services Bureau (SSB). The SSB is the agency which provides most services associated with traditional concepts of social work. (See Agency Figure 3-1)

The SSB has responsibility for adult and family services, as well as for licensing, and case management services. The Bureau shows a great responsibility with DDD, that is a coordination of programs through their unit for service program formulation.

3.2.3.1 Scope of Services

The SSB provides many services to eligible clients: transportation, foster care, information and referral, counseling (including family planning), personal care (respite and homemaker services), day care, daily living training, medical, evaluation, treatment and follow-along, vocational services and employment and a full range of protective services (advocacy to preventative health measures), and development of places in the community for deinstitutionalized children. Social Services staff work as case managers and program coordinators for other agencies (notably, DD Division). In addition, Social Services funds Public Awareness/Care Needs and Public Education programs to the general community. Many services are purchased from private providers (Family Planning, Day Care).

No Table 3-3 was provided by the Social Services Bureau; the following explanation was offered by the staff of the Bureau.

> On Agency Table 3-3, it may be helpful to understand that our goals of the Bureau for Title XX services are established by Federal Law and therefore we have stated five goals of Title XX legislation. Our Agency objective is to provide the services indicated to those persons identified as target groups and in the quantity indicated. More specific, objectives certainly are intended by the local worker but are not recorded in a collectible way or in any way that can be reduced to general categories applicable to all services being provided. As far as activities go, regarding the achievement of the goals and objectives, the activities would be the services listed for the social services bureau and on the initial forms.

3.2.3.2 Potential Availability & DD Utilization of Services

Service	Capacity	DD Utilization
Adoption	605	0
Day Care	2,082	2
Family Planning	5,004	36
Adult Foster Care	381	333
Child Foster Care	1,494	68

Service (continued)	Capacity	DD Utilization
Adult Health Services	936	369
Child Health Services	1,378	1
Homemaker Services	1,493	224
I & R	8,574	1,828
Institutional Placement	871	67
Legal Services	1,000	73
Adult Protective Services	606	220
Child Protective Services	3,244	45
Services to Unmarried Parents	227	2

The table reproduced above gives a good indication of the range of services provided by the Social Services Bureau. The utilization of services by the DD population in some areas is more than adequate. In others; such as, day care, adoption, child health services and legal services, DD clients are under represented in the general population utilization.

Tables 3-4 a and b are sketchy at best; SSB has no means of estimating the numbers of people in need of specific services.

3.2.3.3 Service Resources

The total budget available to the Social Services Bureau is $5,664,495; $1,309,622 is state dollars; $4,254,873 are in federal funds, the great majority being Title XX dollars - $4,108,873 and the remaining $246,000 is Title IVB money.

The per capita costs for specific service recipients, as well as the total cost for each of the service areas, is listed on Table 3-7. One general figure should be made note of: Of the total $5,664,495, approximately $414,230 is being spent on DD clients. This figure is somewhat over 7.5% of the total Social Services Bureau budget.

The staffing resources of the Social Services Bureau are as follows: professional - 162 employees, para professional - 96 employees, administrative/clerical - 40 employees. Figures supplied by the Bureau indicate that: 10 staff members are responsible for DD caseloads only, 10 staff equivalencies also handle DD caseloads, and 10.8% of all service time is spent on DD cases. (No Table 3-8 in included)

3.2.3.4 Quality of Services

Regarding Tables 3-9 and 3-10, the following statement was made by staff of the Social Services Bureau:

> The information regarding case management services is not included in view of the fact that we have only recently begun to obtain this information as a separate service from all other services provided by the Bureau. During the work efforts on the tables submitted, it

was determined that agency table 3-9 and agency table 3-10 were not applicable for completion by this program in view of the fact that the monitoring and evaluation activities are really the function of the developmental disabilities division as are the information regarding the status of the habilitation plans. The bulk of the information provided is based upon our state Title XX program. You may find the services defined in the current State Plan for Title XX.

One of the difficulties that limits the quality of services provided is the newness of these programs as cooperative ventures in Montana. The coordination of services is one problem that the Department of SRS has yet to address satisfactorily. It is the Montana Council's assessment that more effort and time must be spent by both the DDD and SSB in working, not only cooperatively but, in a coordinated fashion so as to provide the greatest number of quality services to the greatest number of clients.

AGENCY TABLE 3-I
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

SRS-SOCIAL SERVICES
Agency

(DDSP 3.2.1.1)

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENTS 5
ADOPTION	61-205 R.C.M. 10-1310 RCM 10-1314 RCM TitleXX Soc.Sec Act 10-701-10-706 RCM	Protective service to enable appropriate children to be placed in adoptive homes and to provide for the evaluation of non-agency adoptive placements as required by law	936 children between ages 0 - 18 years	NONE
DAY CARE FOR CHILDREN	TitleXX Soc Sec Act 10-801-10-811 RCM	Organized services for the direc. supplemental care of children away from the child's home for a portion of a 24-hr day. Pre-placement visits as well as pre- and post-placement counseling	3,840 children between ages 0-14 years	AFDC - SSI Recipients (includes developmentally disabled) 150% of welfare grant for size of family Also available for 208 children regardless of income
FAMILY PLANNING	TitleXX	Comprehensive services directed primarily at preventive health measures and counseling that are aimed at enabling families to voluntarily limit the sizes of their families	3,000 persons over 18 years (under 18 with parental consent)	80% median income (includes AFDC, SSI, etc.)

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-1

AGENCY SERVICES DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

SF SOC. SER

Agency

(DDSP 3.2.

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIR 5
FOSTER CARE FOR ADULTS	Title XX 71-2301-2306 & 11-2702. RCM	Promote and secure foster care in foster and group homes for persons over 18 years and over who are unable to remain in independent living situations and for persons in institutions who need community placement	1,014 persons over 18	SSI Medicaid Recipients 150% SSI
FOSTER CARE FOR CHILDREN	10-1301-10-1322 RCM Title XX Title IV-B Soc. Sec Act	Provision of foster care services for children under 18 age outside their homes for more than 24 hours when their own homes are not available to	1,612 children	AFDC SSI Medicaid Recipients 150% Welfare Non-income Related
HEALTH RELATED FOR ADULTS	Title XX	Services to assist persons over 18 to attain and retain an optimum condition of health by assisting in the utilization of necessary medical treatment services	1,692 persons	SSI Medicaid Recipients 150% Welfare
HEALTH RELATED SERVICES FOR CHILDREN	Title XX Title XIX Soc. Sec Act	Services for children under 18 years that are related to EPSDT (Early periodic screening, diagnosis and treatment program).	4,140 children	AFDC or Medicaid Recipients

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-I
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

SRS-SS Bureau
Agency
(DDSP 3.2.1.1)

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENTS 5
HOMEMAKER SERVICES	Title XX 10-1301-10-1322 RCM	Assistance and demonstration in meal planning, preparation and food buying, assistance with doctor and dental appointments, shopping for household items, clothing, repair, light household chores, child management and limited personal care	1,051 persons	AFDC SSI
INFORMATION, REFERRAL AND FOLLOW-UP	Title XX	Provision of information upon request by any person, regarding Title XX and related service programs	8,865 persons	AFDC SSI 80% Median Income
INSTITUTIONAL PLACEMENT AND COUNSELING	Title XX 71-2301-71-2306 & 11-2702.1 RCM	Arranges appropriate institutional placements and provides counseling services to individuals in nursing homes, boarding homes and personal care homes after institutional placements for a limited time period.	1,017 persons	AFDC SSI Medicaid Recipients
LEGAL SERVICES	Title XX	Legal Services including legal counseling, advice, representation and appeal in civil matters exclusive of criminal, fee generating probate and bankruptcy cases	1,330 persons	AFDC SSI

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-1

AGENCY SERVICES (DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

SRS SOC(SERVICES Agency

(DDSP 3.2.

TITLE OF SERVICE 1	Authority * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIR 5
PROTECTIVE SERVICES FOR ADULTS	71-2301 71-2306 11-2702 RCM Title XX	Services directed at the goal of preventing or remedying neglect, l abuse or exploitation of adults over age 18 who are unable to protect their own interest	2,820 persons	SSI Medicaid Recipier 150% SSI Non-income relate
PROTECTIVE SERVICES FOR CHILDREN	10-1300 10-1322 RCM Title XX Title IV-B	Services to those persons under 18 years who are harmed or threatened with harm through non-accidental physicalkor mental injury, sexual abuse or negligent treatment or maltreatment	7,500 persons	AFDC SSI Medicaid Recipients 150% Welfare Non-income Related
SERVICES TO UNMARRIED PARENTS	10-1300- 10-1322 10-701- 10-706 Title XX TitleIVB	Counseling as a protective service which may include assistance for placement in prenatal facilities, locating medical services, follow-up on adoptive placements or assisting in the developing of other needed resouroes for one or both parents	480 persons	AFDC 80% Median Income Non-income related
Case Management Service		Counseling as well as coordination of delivery of services; organizing service plan/service delivery; assuring optimum utilization of available resources, general tracking/monitoring services provided and/or client progress	1,100 persons	SSI-Developmentally abled 80% Median Income-d velopmentally disab Non-income related developmentally dis abled

* Federal and/or State Statute or Regulation

AGENCY TABLE 3-2
AGENCY SERVICES CORRESPONDING TO DD SERVICES

SRS
SOCIAL SERVICES
BUREAU

Agency
(DDSP 3.2.1.1)

AGENCY SERVICES	SERVICES																										
	DIRECT												SUPPORT														
	RESIDENT SERV.		DAY PROGRAMS								EMPLOY MENT		IDENTIFI CATION			CASE / MANAGEMENT			TREATMENT			FAMILY/ PROGRAM SUPPORT				
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	PRE SCHOOL		SCHOOL AGE			ADULT			SHELTERED	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION & REFERRAL	COUNSELING	Protective and other Social and Socio-Legal services	FOLLOW-ALONG	Medical	Dental	OT, PT, SP&H, Other	RECREATION	PERSONAL CARE	TRANSPORTATION			
			DAY CARE	EDUCATION / TRAINING	DAY CARE	EDUCATION	TRAINING	DAY CARE	EDUCATION / TRAINING																		
DAY CARE FOR CHILDREN			X		X																						
FAMILY PLANNING																X											
FOSTER CARE FOR ADULTS																	X										
FOSTER CARE FOR CHILDREN																	X										
HEALTH RELATED-ADULT																X										X	
HEALTH RELATED-CHILDREN																X										X	
HOMEMAKER SERVICES									X								X									X	
INFORMATION and Referral															X												
INSTITUTIONAL PLACEMENT											X					X	X										
LEGAL SERVICES																	X										
PROTECTIVE SERVICES-ADULTS																	X										
PROTECTIVE SERVICES-CHILDREN																	X										
SERVICES TO UNMARRIED PARENTS																X	X										
CASE MANAGEMENT SERVICE *													X	X	X	X	X										

* This service was not separated out from other general service

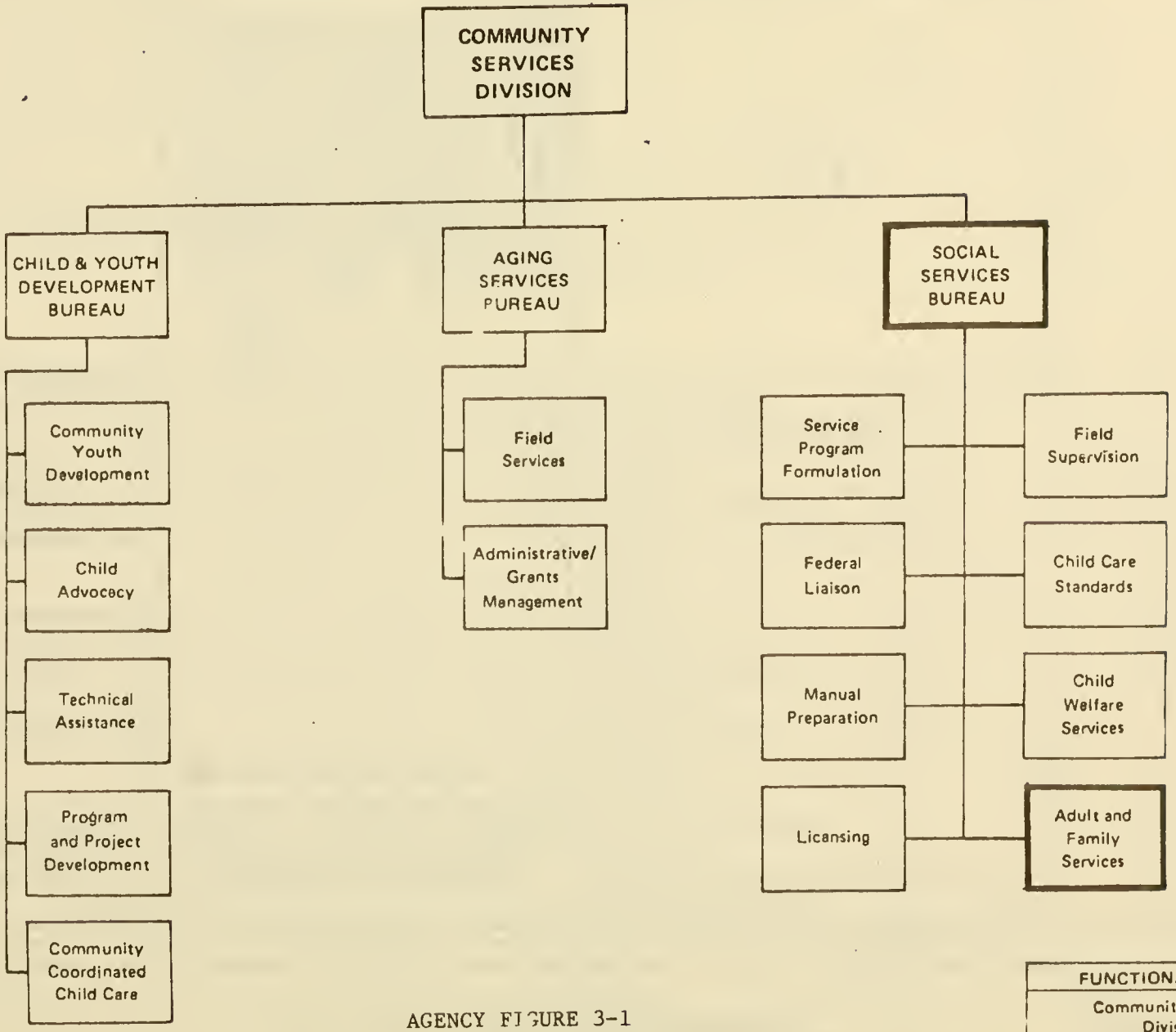
AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(Agency)

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP DATE
1. Achieve economic self-support; to prevent reduce or eliminate dependency *	To provide services previously listed to target group in quantities indicated and to purposes set forth in service definition	All services set forth for Bureau	07/01/
2. To achieve self-sufficiency	"		
3. To prevent or remedy neglect, abuse, or exploitation to children or adults	"		
4. To prevent inappropriate institutional care by providing community based services	"		
5. To provide institutional care where appropriate	"		

* these goals are established by Federal law - Title XX



AGENCY FIGURE 3-1

FUNCTIONAL CHART
Community Services Division
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DECEMB 197

SSB

(Agency)

AGENCY TABLE 3-4a
CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY DIRECT SERVICES FOR ____ (FY)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
STATEWIDE											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION	67	437						2			
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATON GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL											
EST. DD UTILIZATION											
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											

AGENCY TABLE 3-4b

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY SUPPORT SERVICES FOR ____ (FY)

SSB (Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION 1	SUPPORT SERVICE												
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT				FAMILY / PROGRAM SUPPORT		
	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social, Socio-Legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & H other Special 10		Recreation 11	Personal Care 12	Transportation 13
STATEWIDE													
ESTIMATED TOTAL CAPACITY													
EST. DD POTENTIAL AVAIL.													
EST DD UTILIZATION			1,828	38	338		370					224	
DD UTILIZATION GAP													
ESTIMATED TOTAL CAPACITY													
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION													
DD UTILIZATION GAP													
ESTIMATED TOTAL CAPACITY													
EST DD POTENTIAL AVAIL.													
EST DD UTILIZATION													
DD UTILIZATION GAP													
ESTIMATED TOTAL CAPACITY													
EST DD POTENTIAL AVAIL.													
EST DD UTILIZATION													
DD UTILIZATION GAP													
ESTIMATED TOTAL CAPACITY													
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION													
DD UTILIZATION GAP													
ESTIMATED TOTAL CAPACITY													
EST. DD POTENTIAL AVAIL.													
EST DD UTILIZATION													
DD UTILIZATION GAP													

SRS
SOCIAL SERVICES BUREAU
(Agency
(DDSP 3.2.1.3)

Personnel Summary	FY 75-76 Past Yr.	FY 76-77 Current Yr.	FY 77-78 (Est.) Plan Yr.
Permanent full-time positions			
Full-time equivalents	203 *	203 *	203 *
Other than full-time	203	203	203

* *This is total staff, 10 staff handle DD caseload only and addition 10 full time equivalents also work with DD cases*

Budget Summary			
Capital facilities & Equipment			
Total $			
State			
Federal			
Local			
Operating Expenses Total	$3,081,654 Title XX	$4,108,873	$4,108,873-Federal (Title X)
State Direct	982,216 State	1,309,622	1,309,622 -State
Interagency transfer			
Federal Total			
Program A (specify)	3,081,654-Title XX	$4,108,873-Title XX	$4,108,873-Title X)
Program B (specify)	184,500 Title IVB	246,000 Title IVB	246,000 Title IV
County/local			
Other (specify)			

AGENCY TABLE 3-6a
COSTS FOR AGENCY DIRECT SERVICES FOR 75-76 (FY)

(Agency)
(DDSP 3.2.1.3.)

GEOGRAPHIC SUBDIVISION 1	Total	DIRECT SERVICES										
		RESIDENTIAL SERVICES		DAY PROGRAMS						EMPLOYMENT	
				PRE-SCHOOL		SCHOOL AGE			ADULT			
		Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
1-Eastern *				**								
FEDERAL						89,250						
STATE						29,750						
OTHER												
TOTAL						119,000						
2-Gt. Falls				**								
FEDERAL						114,750						
STATE						38,250						
OTHER												
TOTAL						153,000						
3-Billings				**								
FEDERAL						165,750						
STATE						55,250						
OTHER												
TOTAL						221,000						
4-Butte-Hel.				**								
FEDERAL						178,500						
STATE						59,500						
OTHER												
TOTAL						238,000						
5-Kalispell-Miss.				**								
FEDERAL						89,250						
STATE						29,750						
OTHER												
TOTAL						119,000						
ALL REGIONS				**								
FEDERAL						637,500						
STATE						212,500						
OTHER												
TOTAL						850,000						

III-80

* These regions are the Title XX Regions as set forth in the Title XX State Plan

** These services are allocated by service regardless of age

AGENCY TABLE 3-6b
COSTS FOR AGENCY SUPPORT SERVICES FOR 75-76 (FY)

(Agency)
(DPSP 3.2.....)

GEOGRAPHIC SUBDIVISION 1	Total	SUPPORT SERVICES												
		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPP			
		Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social. & Socio-Legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP&H Other Special 10	Recreation 11	Personal Care 12	Transpor- tation	
1-Eastern														
FEDERAL				95,257	***	116,314								
STATE				31,752		38,771								
OTHER														
TOTAL				127,009		155,085								
2-Gt. Falls														
FEDERAL				95,257	***	122,190								
STATE				31,752		40,930								
OTHER														
TOTAL				127,009		163,120								
3-Billings														
FEDERAL				95,257	***	121,665								
STATE				31,752		40,555								
OTHER														
TOTAL				127,009		162,220								
4-Butte-Hel.														
FEDERAL				95,257	***	191,579								
STATE				31,752		63,860								
OTHER														
TOTAL				127,009		255,439								
5-Kalispell-Missoula														
FEDERAL				95,257	***	142,612								
STATE				31,752		47,537								
OTHER														
TOTAL				127,009		190,149								
ALL REGIONS														
FEDERAL				476,284	***	694,360								
STATE				158,760		231,653								
OTHER														
TOTAL				635,044		926,013								

*** *These services are included in protective, social and legal services*

DEPARTMENT OF
SOCIAL AND REHABILITATION SERVICES

REHABILITATION SERVICES DIVISION

3.2.4 Rehabilitation Services Division

The Rehabilitation Services Division (RSD) is the third of the three divisions within the Department of Social and Rehabilitation Services that provides services to Montana's developmentally disabled population.

The RSD provides services to disabled adults. Up until this year that included anyone 25 and older. As of this legislature, the age was lowered to conform with other agency responsibilities to 21 years of age.

Two bureaus within the RSD have considerable responsibility where DD clients are concerned: The Rehabilitation Services Bureau, which has responsibility for providing vocational services, including placement; and the Special Projects Bureau, which has responsibility for SSI coordination and the development of rehabilitation facilities.

3.2.4.1 Scope of Services

Rehabilitation Services Division provides the following services: evaluation, counseling, physical and mental restoration, vocational and other training, transportation, placement services, follow-along, information and referral, services to family members, technological aids and devices provided.

Special projects involve implementation of special rehabilitation projects, insures effective establishment and utilization of rehabilitation facilities maintenance and certification, subsidize extended employment services in workshops.

The goals and objectives of the RSD are listed on Table 3-3. In sum, they are to provide vocational rehabilitation services to approximately 1,800 DD clients; and to place 250 of those in gainful employment. This goal is a plan year goal.

3.2.4.2 Potential Availability and DD Utilization of Services

Rehabilitation Services Division: Rehabilitation services are provided to 10,000 people; of these, 1,800 are developmentally disabled. Voc. Rehab. will place during the next plan year 1,300 clients in gainful employment; of these, 250 will be developmentally disabled.

The figures on tables 3-4 a and b are listed by service region. The Division provides four direct services and two support services. The specific capacity and DD utilization by region is shown on the two tables. Services to the developmentally disabled make up 18% of the total services provided by the Division and over 19% of those placed in employment will be developmentally disabled.

3.2.4.3 Service Resources

During fiscal year 1978 the Rehabilitation Services Division will employ approximately 91 full time individuals. The RSD will spend approximately $3,200,000 to provide vocational rehabilitation services.

For school age training services the figures are: Region I - $13,000, Region II - $32,000, Region III - $45,000, Region IV - $45,000 and Region V - $45,000; equaling a total of $180,000.

For adult education/training the figures are: Region I - $156,760, Region II - $212,750, Region III - $235,140, Region IV - $257,530 and Region V - $257,530; a total of $1,119,710.

For employment services, the RSD is spending in: Region I - $40,480, Region II - $14,762, Region III - $44,887, Region IV - $71,815 and Region V - $28,056, for a total of $200,000.

For support services, the Division spends for identification services: Region I - $53,321, Region II - $72,365, Region III - $79,982, Region IV - $87,600, and Region V - $87,600; or a total of $380,868; for medical services: Region I - $47,086, Region II - $63,903, Region III - $70,630, Region IV - $77,360 and Region V - $77,350; a total of $336,329.

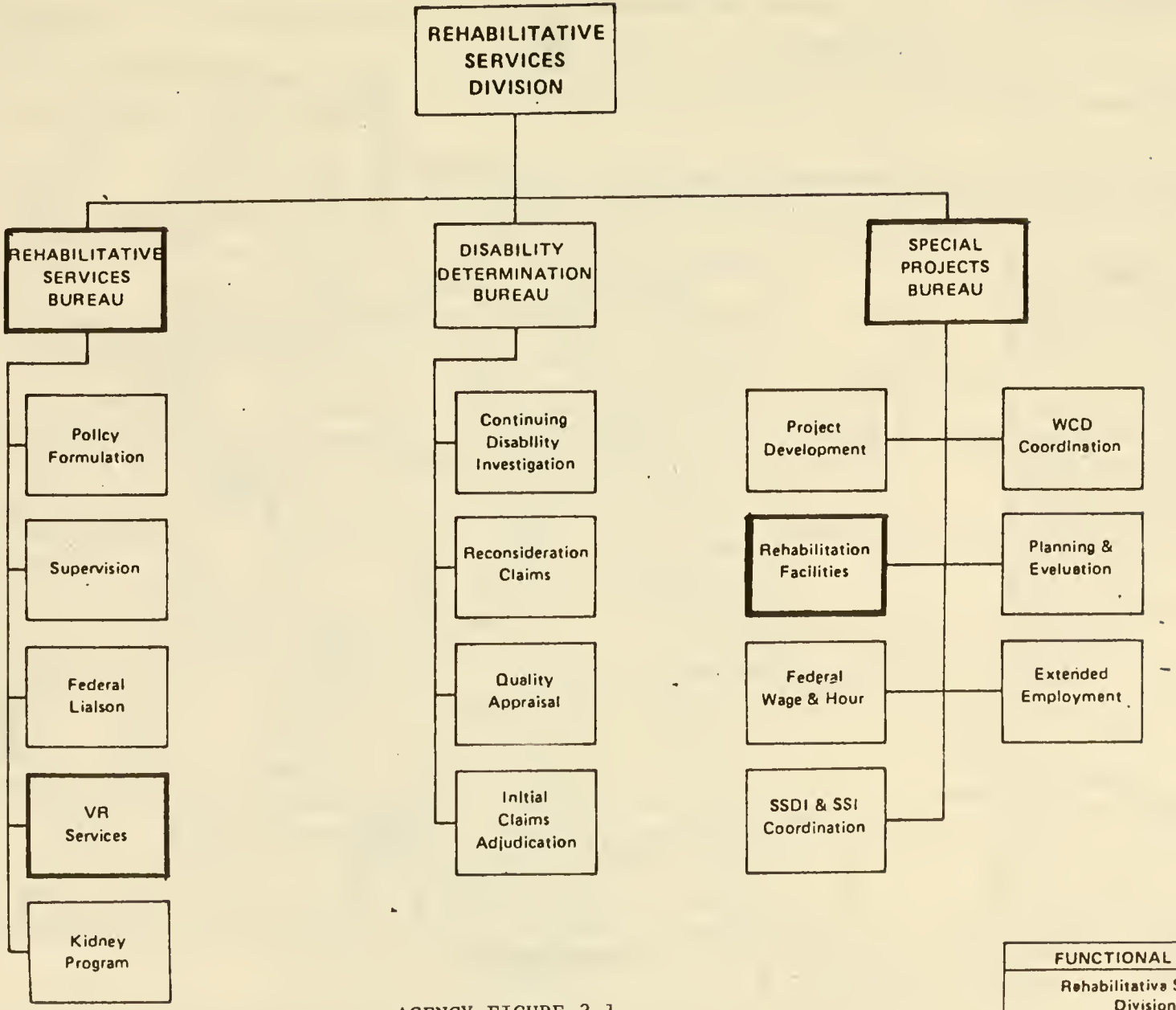
Table 3-7 shows the numbers and costs of services in each region. Table 3-8 provides a breakdown of personnel by region and function.

3.2.4.4 Quality of Services

Table 3-10, concerned with habilitation plans, is not completed. The RSD and DDD are cooperating on developing this process, and it is not finalized as of the writing of this plan.

The Rehabilitation Services Division has an extensive internal evaluation system. The Voc. Rehab. Program has current evaluations for the nine Federal Program Standard Studies for program evaluation as required by Federal Rules. The eight rehabilitation facilities each use a program evaluation system developed by "Evaluation Systems" of Minneapolis, Minnesota. This establishes a statement of purpose, program goals and objectives, and a measure of effectiveness.

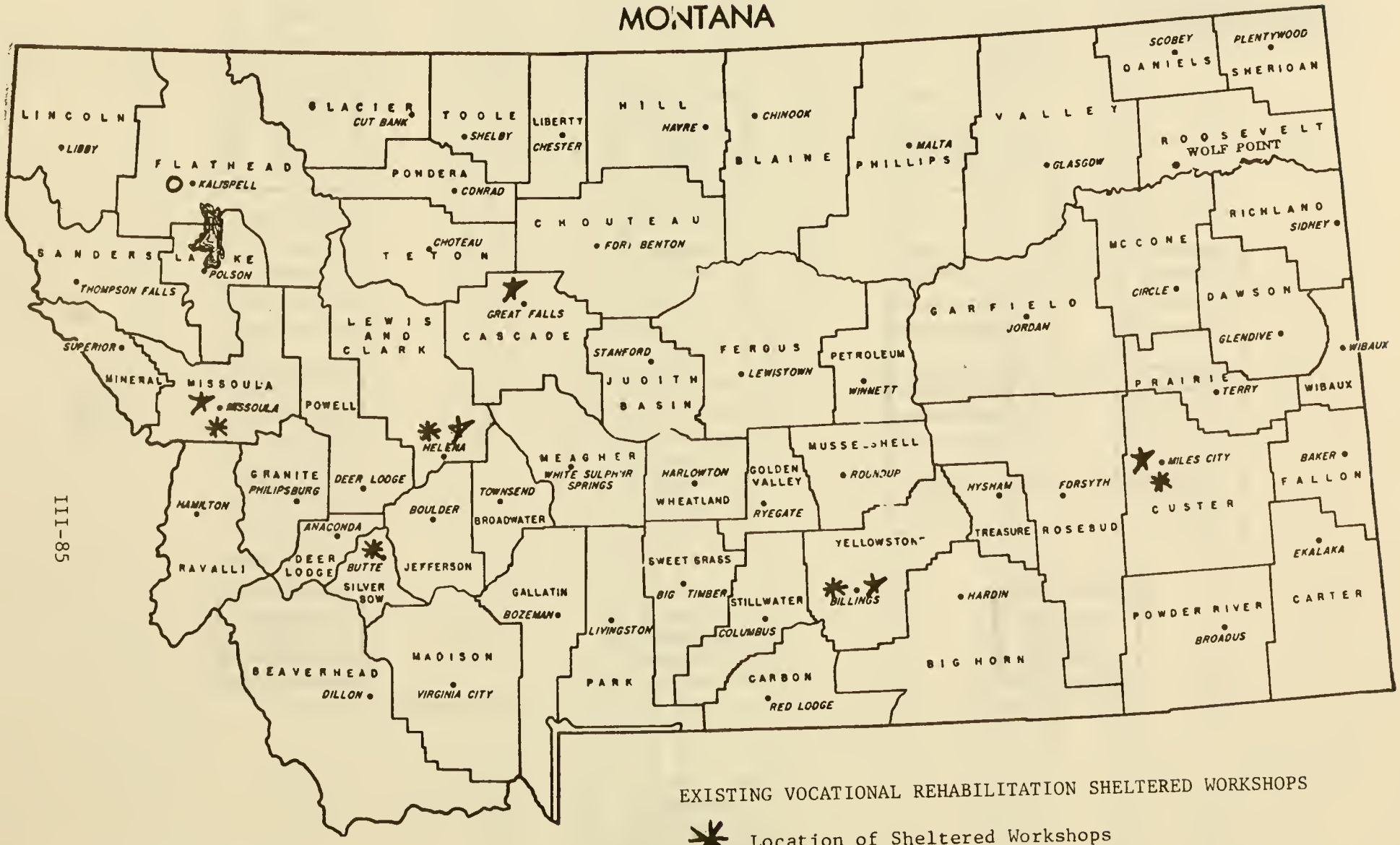
The Council's own evaluation of the RSD is that the Division and its personnel are of the highest quality and are committed to serving to the utmost developmentally disabled clients.



AGENCY FIGURE 3-1

FUNCTIONAL CHART
Rehabilitative Services Division
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DECEMBER, 1976

MONTANA



EXISTING VOCATIONAL REHABILITATION SHELTERED WORKSHOPS

- Location of Sheltered Workshops
- Proposed Workshops for FY 77 — Flathead Easter Seal Adult Training Center
- Regional SRS Offices

No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
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AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

RSD
Agency
(DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENT 5
Vocational Rehabilitation	PL93-112 Title I Section 110 Sections 71-2101 through 71-2108 and Sections 41-816 through 41-819 RCM 1947 as amended	Vocational Rehabilitation Services means any goods and services necessary to render a handicapped individual fit to engage in a gainful occupation. These include: 1) evaluation of rehabilitation potential; 2) counseling; 3) guidance and referral; physical and mental restoration services; 4) vocational and other training services; maintenance; 5) transportation; services to members of a handicapped individual's family necessary to the adjustment or rehabilitation of the handicapped individual; interpreter services for the deaf; reader services, rehabilitation teaching services, and orientation and mobility services for the blind; telecommunications, sensory and other technological aids and devices; recruitment and training services to provide new employment opportunities in rehabilitation, health, welfare, public safety, law enforcement, and other appropriate public services cmployment, 6) placement in suitable employment, 7) postemployment services necessary to assist handicapped individuals to maintain suitable employment; occupational licenses, tools, equipment such as initial stocks (including livestock) and supplies; and other goods and services which can reasonably be expected to benefit a handicapped individual in terms of his employability.	Vocationally Handicapped of Montana estimated at 31,000 people	Eligibility for Vocational Rehabilitation will be determined upon the basis of these established criteria: The presence of a physi or mental disability which for the individua constitutes or results a substantial handicap employment; and 2) a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employabili

* FEDERAL AND/OR STATE STATUTE OR REGULATION

RSD
Agency

AGENCY TABLE 3-2
AGENCY SERVICES CORRESPONDING TO DD SERVICES

(DDSP 3.2.1.1)

AGENCY SERVICES	SERVICES																										
	DIRECT										SUPPORT																
	RESIDENT SERV		DAY PROGRAMS							EMPLOYMENT		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY TRAINING SUPPORT				
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	PRE SCHOOL DAY CARE	PRE SCHOOL EDUCATION/TRAINING	SCHOOL AGE DAY CARE	SCHOOL AGE EDUCATION	SCHOOL AGE TRAINING	ADULT DAY CARE	ADULT EDUCATION/TRAINING	SHELTERED	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION/REFERRAL	COUNSELING	PROTECTIVE AND OTHER SOCIAL AND SOCIO-LEGAL SERVICES	FOLLOW-ALONG	MEDICAL	DENTAL	OT, PT, SP&H, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION
1																											
Department of Social & Rehabilitation Services																											
Rehab. Services Division							x		x	x	x		x	x	x		x							x			

Rehabilitative Services Division
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP DATE
To provide the needed Vocational Rehabilitation Services to Montana's Physically and Mentally Handicapped to achieve their economic independance.	1. To serve 10,000 Handicapped; 1800 will be Developmentally Disabled. 2. To place in gainful employment 1300 clients, 250 will be Developmentally Disabled.	Provide needed VR services to applicants with 35 Counselors and 10 Counselor Aides.	On Going

AGENCY TABLE 3-4a

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY DIRECT SERVICES FOR 78 (FY)

RSD
(Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
REGION I											
ESTIMATED TOTAL CAPACITY							80		410	15	182
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION							80			8	28
DD UTILIZATION GAP											
REGION II											
ESTIMATED TOTAL CAPACITY							125		550	10	247
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION							125			5	42
DD UTILIZATON GAP											
REGION III											
ESTIMATED TOTAL CAPACITY							160		610	14	273
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZITION							160			2	50
DD UTILIZATION GAP											
REGION IV											
ESTIMATED TOTAL CAPACITY							170		658	41	299
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION							170			6	59
DD UTILIZATION GAP											
REGION V											
ESTIMATED TOTAL CAPACITY							265		658	16	299
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION							250			9	54
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											

AGENCY TABLE 3-4b

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY SUPPORT SERVICES FOR 78 (FY)

RSD (Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION	SUPPORT SERVICE												
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT				FAMILY / PROGRAM SUPPORT		
	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social, Socio-Legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & H other Special 10		Recreation 11	Personal Care 12	Transportation 13
REGION I													
ESTIMATED TOTAL CAPACITY	450						105						
EST DD POTENTIAL AVAIL.													
EST DD UTILIZATION	103												
DD UTILIZATION GAP													
REGION II													
ESTIMATED TOTAL CAPACITY	610						144						
EST DD POTENTIAL AVAIL													
EST DD UTILIZATION	110												
DD UTILIZATION GAP													
REGION III													
ESTIMATED TOTAL CAPACITY	670						159						
EST. DD POTENTIAL AVAIL.													
EST DD UTILIZATION	140												
DD UTILIZATION GAP													
REGION IV													
ESTIMATED TOTAL CAPACITY	730						174						
EST. DD POTENTIAL AVAIL.													
EST DD UTILIZATION	182												
DD UTILIZATION GAP													
REGION V													
ESTIMATED TOTAL CAPACITY	730						174						
EST. DD POTENTIAL AVAIL.													
EST. DD UTILIZATION	170												
DD UTILIZATION GAP													
ESTIMATED TOTAL CAPACITY													
EST. DD POTENTIAL AVAIL													
EST DD UTILIZATION													
DD UTILIZATION GAP													

Rehabilitative
Services Division
(Agency
(DDSP 3.2.1.3)

Personnel Summary	FY 1976 Past Yr.	FY 1977 Current Yr.	FY 1978 (Est.) Plan Yr.
Permanent full-time positions			
Full-time equivalents	90.71	90.21	91.21
Other than full-time			
Budget Summary			
Capital facilities & Equipment			
Total $	3,000	3,000	3,500
State	600	600	700
Federal	2,400	2,400	2,800
Local	--	--	--
Operating Expenses Total	$1,217,245	$1,337,919	$1,360,000
State Direct	$ 757,113	$ 800,000	$ 800,000
Interagency transfer			
Federal Total			
Program A (specify) -VR-	$2,842,887	$3,148,041	$3,200,000
Program B (specify)			
County/local	- None -		
Other (specify)			

Rehabilitative Services Division
(Agency)
(DOSP 3.2...3.)

AGENCY TABLE 3-6a
COSTS FOR AGENCY DIRECT SERVICES FOR 78 (FY)

GEOGRAPHIC SUBDIVISION 1	Total	DIRECT SERVICES										
		RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
				PRE-SCHOOL		SCHOOL AGE			ADULT			
		Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
Region												
FEDERAL								10,400		125,408		
STATE								2,600		31,352	40,480	
OTHER												
TOTAL								13,000		156,760	40,480	
Region II												
FEDERAL								25,600		170,200		
STATE								6,400		42,550	14,762	
OTHER												
TOTAL								32,000		212,750	14,762	
Region III												
FEDERAL								36,000		188,112		
STATE								9,000		47,028	44,887	
OTHER												
TOTAL								45,000		235,140	44,887	
Region IV												
FEDERAL								36,000		206,024		
STATE								9,000		51,506	71,815	
OTHER												
TOTAL								45,000		257,530	71,815	
Region V												
FEDERAL								36,000		206,024		
STATE								9,000		51,506	28,056	
OTHER												
TOTAL								45,000		257,530	28,056	
FEDERAL												
STATE												
OTHER												
TOTAL												

Rehabilitative Services Division
(Agency)
(DDSP 3.2.1.3.)

AGENCY TABLE 3-6b
COSTS FOR AGENCY SUPPORT SERVICES FOR 78 (FY)

GEOGRAPHIC SUBDIVISION 1	Total	SUPPORT SERVICES											
		IDENTIFICATION			CASE MANAGEMENT			MEDICAL			FAMILY/PROGRAM SUPPORT		
		Diagnostic & Evaluation 2		Information & Referral 4	Counseling 5	Protective Social, & Socio-Legal	Follow-Along 7				Recreation 11	Personal Care 12	Transportation
Region I													
FEDERAL		42,657							37,669				
STATE		10,664							9,417				
OTHER													
TOTAL		53,321							47,086				
Region II													
FEDERAL		57,892							51,123				
STATE		14,473							12,780				
OTHER													
TOTAL		72,365							63,903				
Region III													
FEDERAL		63,986							56,504				
STATE		15,996							14,126				
OTHER													
TOTAL		79,982							70,630				
Region IV													
FEDERAL		70,080							61,888				
STATE		17,520							15,472				
OTHER													
TOTAL		87,600							77,360				
Region V													
FEDERAL		70,080							61,880				
STATE		17,520							15,470				
OTHER													
TOTAL		87,600							77,350				
FEDERAL													
STATE													
OTHER													
TOTAL													

AGENCY TABLE 3-7

PER CAPITA EXPENDITURES FOR AGENCY SERVICES (ACTUAL)

RSD
(Agency)

ALL
(Type of Service)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	ESTIMATED TOTAL COST OF SERVICE 2	TOTAL NUMBER SERVED 3	AVERAGE PER CAPITA COST 4	ESTIMATED TOTAL NO. (OR %) OF DD SERVED 5	ESTIMATED TOTAL COST OF DD POP. SERVICES 6
Region I	300,000	1,400	215	230	1,304
Region II	330,000	1,900	174	325	1,896
Region III	490,000	2,100	233	380	2,103
Region IV	560,000	2,300	243	450	2,304
Region V	430,000	2,300	187	415	2,299

AGENCY TABLE 3-8
ESTIMATED CURRENT AND PROJECTED PERSONPOWER BY SKILL AREA

Rehabilitative Services Division
(Agency)
(DDSP 3.2.1.3.)

SERVICE REGION	PROFESSIONAL		PARA-PROFESSIONAL		ADMINISTRATIVE (MANAGERIAL & CLERICAL)		OTHER SUPPORT STAFF	
	Current	5-Yr. Projected	Current	5-Yr. Projected	Current	5-Yr. Projected	Current	5-Yr. Projected
I	4	5	2	3	4	4		
II	6	6	3	3	7	8		
III	8	8	2	2	8	8		
IV	9	10	2	2	6	7		
V	7	7	1	2	6	7		

Rehabilitative Services Division

(Agency)

(OBSP 3.2...)

AGENCY TABLE 3-9

MONITORING AND EVALUATION ACTIVITIES - PAST & PROJECTED

AGENCY SERVICE PROGRAM & IDENTITY OF EVALUATED PROJECT	PROJECTS Reviewed IN THE PAST YEAR			Planned Revie	
	PRIMARY TYPE OF SERVICE	Type of Monitoring/ Evaluation Conducted	SUMMARY OF RESULTS	Type of Monitoring/ Evaluation	Target Date
1	2	3	4	5	
Vocational Rehabilitation	VR Services		The Rehabilitation Act of 1973 requires Program Evaluation of the VR program. To measure, analyze and report program accomplishments relative to program goals. To identify factors which impact on program goals. The VR program has current statewide studies and evaluates the 9 Federal Program Standard Studies for program evaluation as required by Federal Rules. The eight Rehabilitation Facilities all have a Program Evaluation System developed by "Evaluation Systems" of Minneapolis, Minnesota jointly with each of the facilities. This establishs a statement of purpose, program goals and objectives and an evaluation system to measure effectiveness.		

DEPARTMENT

OF

HEALTH AND ENVIRONMENTAL SCIENCES

New data, other than goals and objectives and budget levels, is not available from the Department of Health & Environmental Sciences at this time. New statistical computer runs and analyses may be complete by September 1977. These will be made available to the DD Council when they are completed, probably nearer the beginning of the year. For that reason, FY 1977 data, with some corrections, are used, duplicating information contained in last year's state plan.

3.2.5 Department of Health and Environmental Sciences

The Maternal and Child Health (MCH) Bureau provided medical and dental services, funds for family planning education and public health services. The availability and quality of public health services varies, as there are 19 counties with no Public Health nurses.

The MCH Bureau is responsible for crippled children's program, hospitalization and other medical services, handicapped services and provision of appliances.

The Women, Infants and Children (WIC) Program provides nutrition programs to mothers and babies who are eligible (live in a WIC designated area and are in need).

The ESPDT is an early screening program for infants (0-6) to detect inborn defects. This program includes the Denver Disability Test for early identification of developmental disabilities and other learning disabilities. Screening is done in public health departments when possible; if not possible, a special team visits sparse areas.

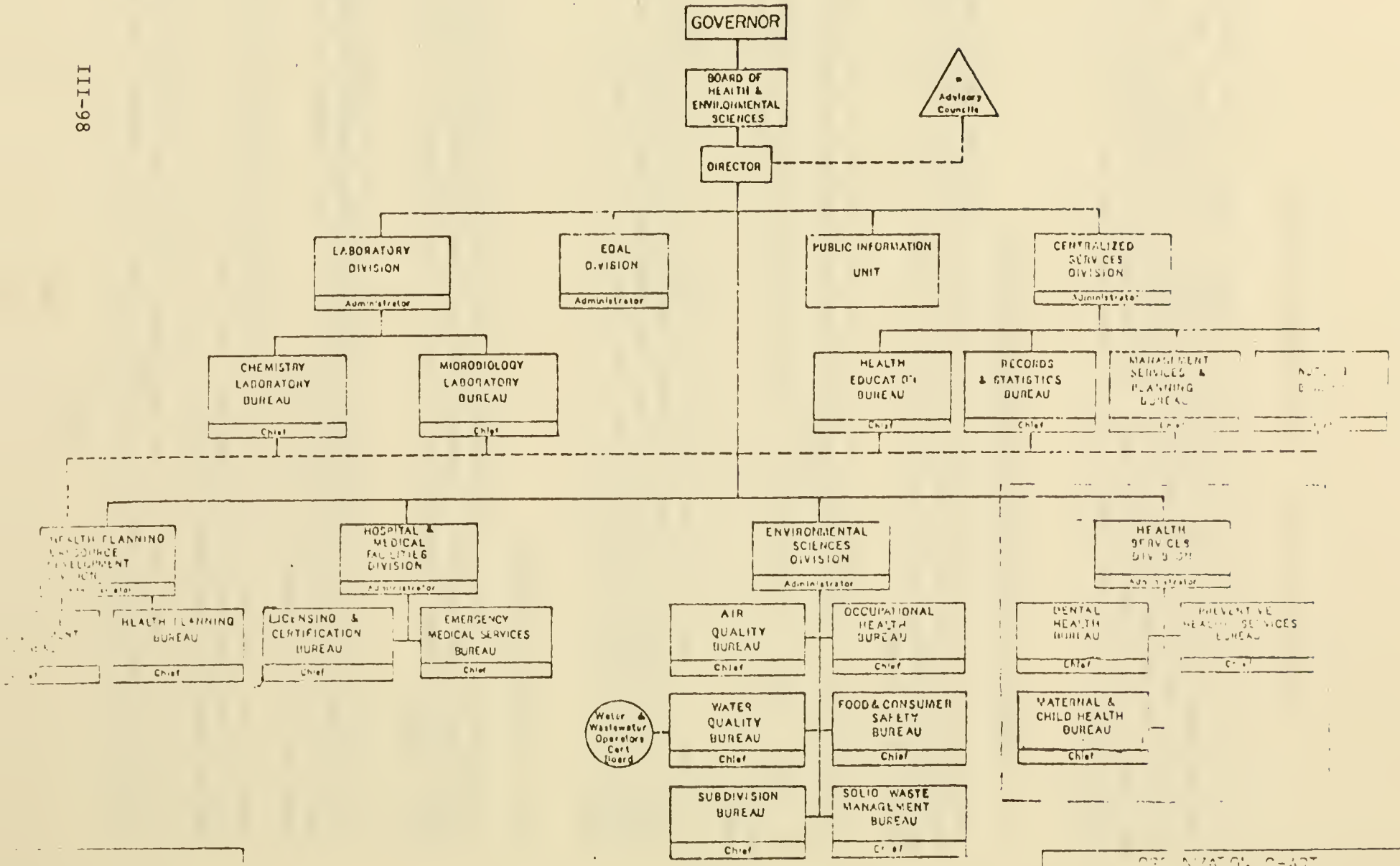
3.2.5.1 Scope of Services

The Department of Health & Environmental Sciences through the Maternal and Child Helath Bureau provides: prenatal services, family planning, education, public health services and well-child clinics. These programs are funded by Title V funds.

The MCH Bureau also provides through child health services the Crippled Children's Program services, including hospitalization and other medical services, services to the handicapped and provision of specialized equipment and appliances. These services are funded by Title V funds.

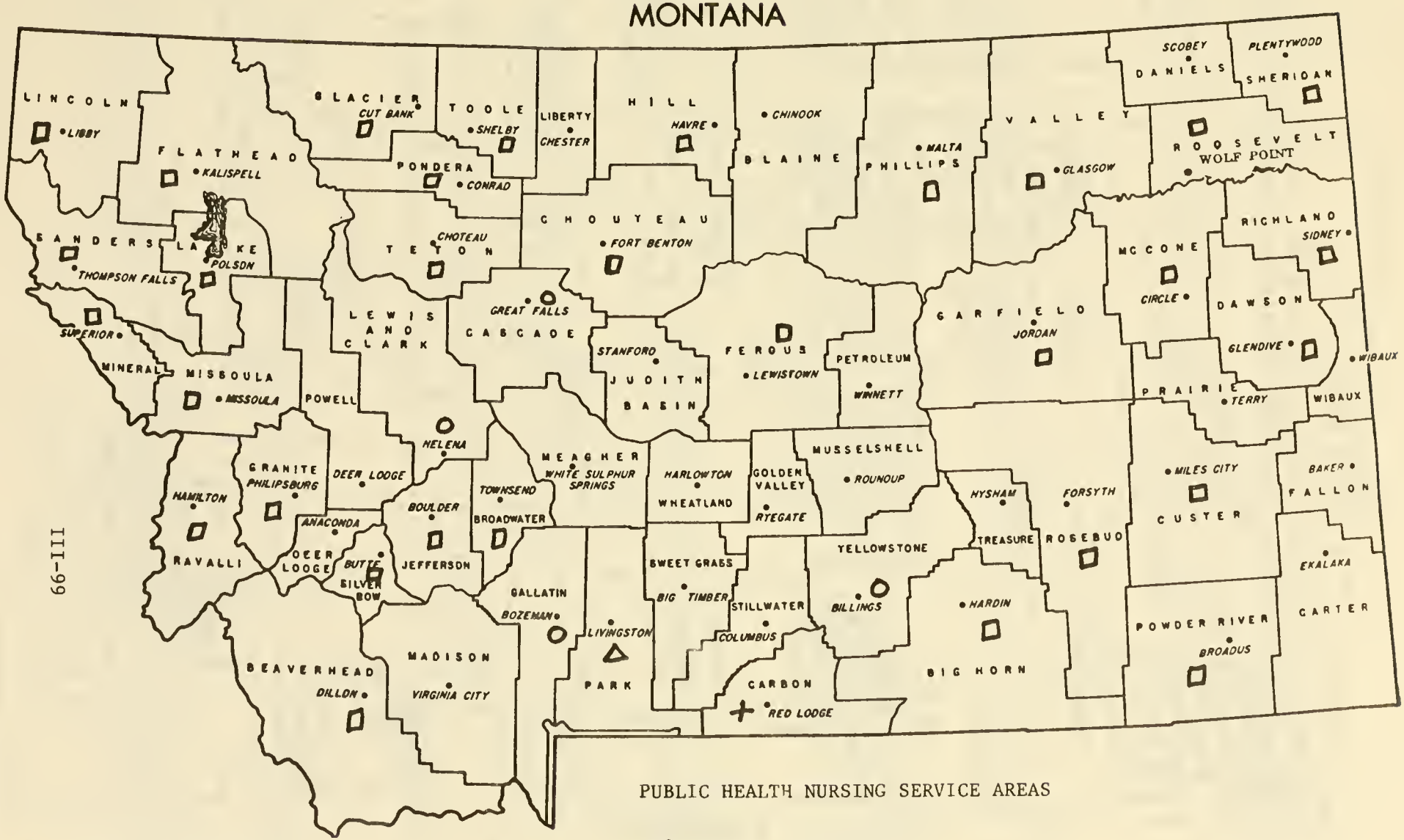
Funded by the Department of Agriculture, the MCH Bureau operates the WIC Program. This is a nutrition program for expectant, nursing mothers and their children who are poverty or low income eligible.

Through Title XIX contracts with the Department of Social and Rehabilitation Services, the MCH Bureau operates the ESPDT program. This program is an early



AGENCY FIGURE 3-1

MONTANA



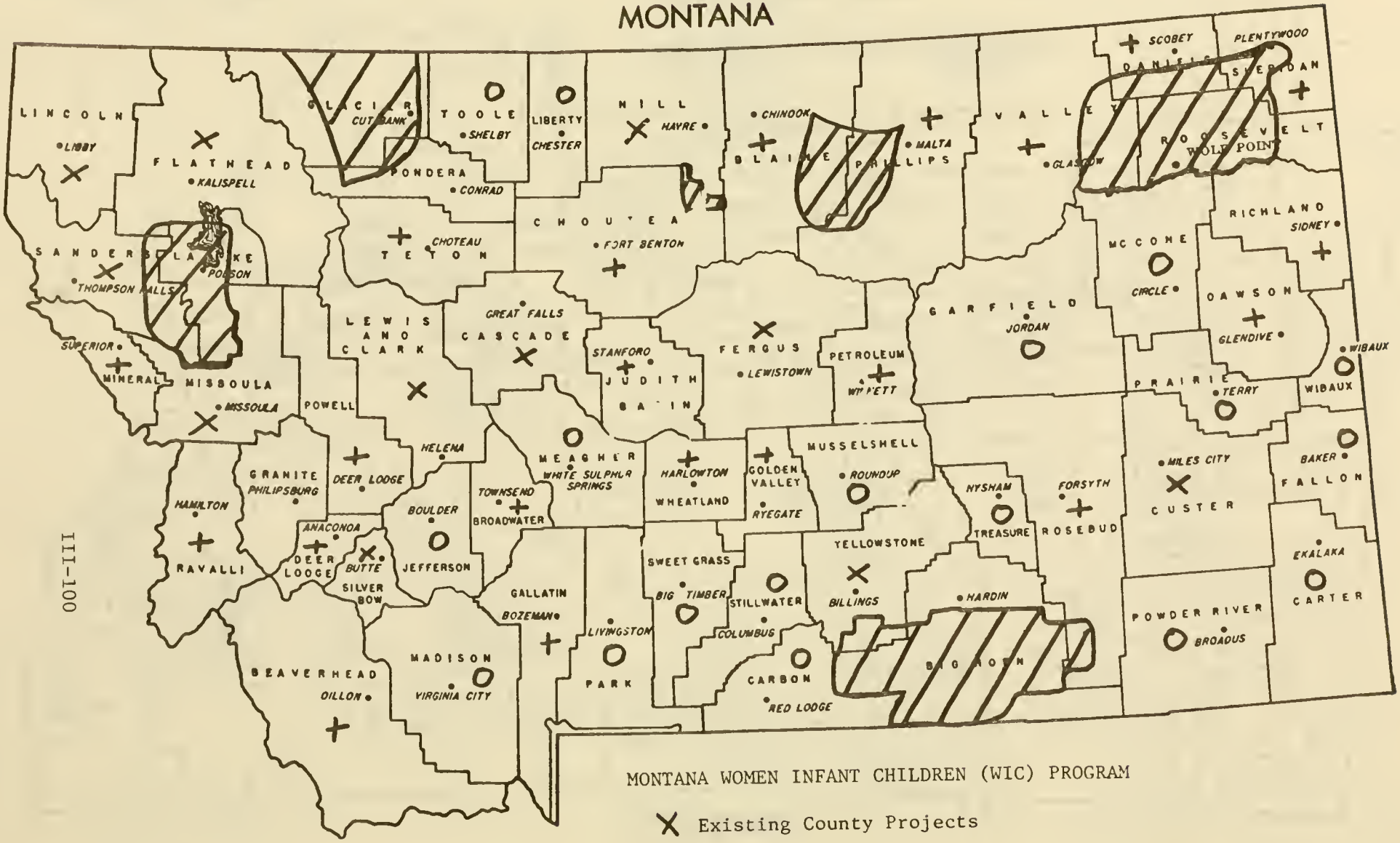
PUBLIC HEALTH NURSING SERVICE AREAS

- ⬭ Health Departments
- ▭ Nurses Employed by County Board
- \+ Special Project Nurses (Old West Regional Commission)
- △ School Nurses

III-99

No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
Helena

MONTANA



III-100

MONTANA WOMEN INFANT CHILDREN (WIC) PROGRAM

- X Existing County Projects
- Existing Reservation Projects
- \+ Counties Applying for WIC Grant
- Counties Not Applying for WIC Grant

No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
Helena

screening, diagnosis and intervention as treatment for infants 0-6 years of age. This program is one of testing and treatment for handicapping disabilities.

The availability and quality of some services is limited by the fact that there are only four city-county public health departments in Montana. Also many counties, 19, are without full time public health nurses; and more than 10% of the counties have neither a physician or a hospital.

3.2.5.2 Potential Availability and DD Utilization of Services

The figures provided on Table 3-4b are figures for the total numbers served. The Dept. of Health has been limited in its ability to breakout the type of disability served by a specific program. There is no 3-4a; the Bureau provides only support services.

The capacity for diagnosis and evaluation is 5,000. This number as well as others, represents not only the capacity but the actual number of services in the applicable fiscal year. The number of services rendered for other areas is as follows: Information & Referral - 900, Counseling - 1,200, Medical - 12,300, Dental - 3,000, and for Personal Care - 8,000. No figures are available for OT, PT, SP&H and other specialized treatments.

3.2.5.3 Service Resources

No table for personnel and fiscal resources was available from the agency. One figure available is the dollar figure for MCH, CCS, WIC and EPSDT services - $4,348,716.

No Table 3-6a is provided, as the agency does not provide direct services. The specific dollar figures including federal, state and other funds for each support service category is provided on Table 3-6b.

Some estimate for numbers of specific numbers of DD clients served is found on Table 3-7 for both Crippled Children's Services and for EPSDT.

A personnel breakdown is not available; therefore, Table 3-8 is not completed.

3.2.5.6 Quality of Services

Tables 3-9 and 3-10 were unavailable from the agency. The Department of Health & Environmental Sciences, Maternal and Child Health Bureau expects to be able to furnish new information by January 1, 1978 in compliance with the Federal Regulations governing its programs.

It has been impossible for the Council to accurately evaluate the quality of services provided without current information. However, as mentioned before, the quality of services is certainly effected by the ruralness of the state and the limited participation of local communities in public health issues.

One deficiency the Council has recognized is the need for greater diagnostic, evaluation and early intervention capabilities. The chief of the MCH Bureau, who serves on the Council, has made known her intention to grant funds in this area; and it is a priority for that agency as well as the Council. This will do much to improve the provision of these services throughout the state.

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

Health Services Agency (DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENT 5
Maternal & Child Health (MCH)	TitleV	Provides prenatal services, family planning, education, public health services*, and well child clinic.	General Community	None
Child Health Services (CCS)	TitleV	Crippled children's program, hospitalization and other medical services, handicapped services, provision of appliances.	Children in general community	None
Women, Infants, Children (WIC)	Dept.of Agriculture	Provides nutrition programs to mothers and babies who are eligible	Nutritionally needy mothers and children	Live in a WIC designated area and are in need.
ESPDT	Title XIX (Contracts with SRS)	Early screening program for infants (0-6) to detect inborn defects. Includes the Denver Disability Test for early identification of developmental disabilities and other learning disabilities. Screening done in PH departments when possible; if not, a special team visits sparse areas.	Infants with previously undetected inborn disorders (including DD) 0-6 years.	Title XIX eligible children. All children are on Medicaid, and are referred for screening by the local welfare agency.

*Availability and quality varies; only four Public Health Departments in state; 19 counties have no Public Health nurses.

* FEDERAL AND/OR STATE STATUTE OR REGULATION

MCH Bureau
Agency

AGENCY TABLE 3-2
AGENCY SERVICES CORRESPONDING TO DD SERVICES

(DDSP 3.2.'.1)

AGENCY SERVICES	SERVICES																										
	DIRECT												SUPPORT														
	RESIDENT SERV.		DAY PROGRAMS								EMPLOYMENT		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY PROGRAM SUPPORT				
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	PRE SCHOOL: DAY CARE	PRE SCHOOL: EDUCATION/TRAINING	SCHOOL AGE: DAY CARE	SCHOOL AGE: EDUCATION	SCHOOL AGE: TRAINING	ADULT: DAY CARE	ADULT: EDUCATION/TRAINING	SHELTERED	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION / REFERRAL	COUNSELING	PROTECTIVE AND OTHER SOCIO-LEGAL SERVICES	FOLLOW-ALONG	MEDICAL	DENTAL	OT, PT, SP & H, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION
1.																											
Dept of Health & Environmental Sciences																											
Maternal & Child Health Bureau												x	x	x	x		x	x		x							

Health Dept.
(Agency)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
1. To integrate and coordinate the resources of its five component programs this year in targeting their combined efforts in selected high risk groups of mothers and children. The five component groups are: Maternal & Child Health (MCH) Crippled Children's Services (CCS) Nutrition for Women, Infants & Children(WIC) Family Planning Early Periodic Screening, Diagnosis & Treatment (EPSDT)	a. To reduce Infant Mortality Rates in Montana from 15.5 to 12.9 which is the 10th percentile in the array of all USA counties for the five year period of 1969-73, as reported in the Maternal & Child Health Studies Project (Minnesota Systems Research, Inc. 1976). b. Reduce the perinatal mortality rate from 19.8 to 15.0 These objectives to be accomplsihed over a three-year period.	The Bureau is presently inviting grant proposals from local health departments and rural health initiatives in Montana for MCH pilot projects such as: a. Maternal and Child Health Care Project providing comprehensive services for high risk pregnant women and follow-up of high risk infants. b. Comprehensive prenatal and maternity services for pregnant teenagers and their infants, including special education programs for the young unmarried mother in cooperation with the Dept. of Education. These projects would serve as demonstration to other counties of comprehensive programs for low income high risk mothers and children, with the expectation that, as funds become available, such projects may be implemented statewide.	Two such projects to be in place by 10/77
2. To establish adequate "well child" supervision for preschool children in every county health department in Montana within three years. The quality of these Well Child Clinics should ensure early casefinding and intervention of potential handicapping conditions.	1. To provide EPSDT services to all children enrolled in the Well Child clinics 2. To enroll 80% of Medicaid preschoolers screened by EPSDT into Well Child clinics. 3. To ensure up-to-date immunization status of all 18 month old infants and 95% of all 5 year olds within 3 years.	Grant proposals are invited from local health departments for coordinated programs serving preschool children and providing the following components: a. Well child supervision. b. Programs for abused and potentially abused children. c. Early casefinding, evaluation and follow-up of a handicapping condition. d. Integration of EPSDT and WIC in components a, b and c.	One such project to be in place before 10/1/77

Health Dept.
(Agency)
(DDSP 3.2.1.1)

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
	4. To reduce the incidence of reported child abuse by 25%. 5. To ensure adequate nutrition in 95% of all preschool children enrolled in Well Child Clinics, within three months after enrollment.		

AGENCY TABLE 3-4b

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY SUPPORT SERVICES FOR 77 (FY)

Dept. HES (Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION	SUPPORT SERVICE											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY / PROGRAM SUPPORT		
	Diagnostic	Evaluation	Information & Referral *	Counseling **	Protective Social, Socio-Legal	Follow-Along	Medical	Dental	OT, PT, SP & H other Special	Recreation	Personal Care	Transportation
1	2	3	4	5	6	7	8	9	10	11	12	13
MCH												
ESTIMATED TOTAL CAPACITY			900	1,200			12,300	3,000				
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION			n/a	n/a			n/a	n/a	n/a			
DD UTILIZATION GAP												
CCS												
ESTIMATED TOTAL CAPACITY							526					
EST. DD POTENTIAL AVAIL												
EST. DD UTILIZATION							105					
DD UTILIZATION GAP												
WIC												
ESTIMATED TOTAL CAPACITY											8,000	
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION											n/a	
DD UTILIZATION GAP												
EPSDT												
ESTIMATED TOTAL CAPACITY	5,000											
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION	100											
DD UTILIZATION GAP												
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION												
DD UTILIZATION GAP												
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION												
DD UTILIZATION GAP												

* Health Education

** Family Planning

Dept. HES
(Agency)

AGENCY TABLE 3-6b
COSTS FOR AGENCY SUPPORT SERVICES FOR 77 (FY)

Budgeted figures from FY 77 S.P.

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL 1a	SUPPORT SERVICES											
		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPPORT		
		Diagnostic 3	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social Socio-Legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & H other. Special 10	Recreation 11	Personal Care 12	Transportation 13
MCH													
FEDERAL				32,936	43,346			192,919	94,107	526,998			
STATE					13,688			187,073	32,328			1,425,863	
OTHER				10,839*				204,611*	6,151*	71,864*			
TOTAL				42,775	57,034			584,603	142,586	598,862			
CCS													
FEDERAL								394,525					
STATE								312,956				924,811	
OTHER								217,330					
TOTAL								924,811					
WIC													
FEDERAL												2,500,000	
STATE													
OTHER													
TOTAL												2,500,000	
EPSDT													
FEDERAL	160,329												
STATE													
OTHER													
TOTAL	160,329												
FEDERAL													
STATE													
OTHER													
TOTAL													
FEDERAL													
STATE													
OTHER													
TOTAL													

* Supplemental Federal Funds

AGENCY TABLE 3-7

PER CAPITA EXPENDITURES FOR AGENCY SERVICES (ACTUAL)

ALL
(Type of Service)

Dept. HES
(Agency)

(DDSP 3.2.1.3)

PROGRAM 1	ESTIMATED TOTAL COST OF SERVICE 2	TOTAL NUMBER SERVED 3	AVERAGE PER CAPITA COST 4	ESTIMATED TOTAL NO. (OR %) OF DD SERVED 5	ESTIMATED TOTAL COST OF DD POP. SERVICES 6
MCH	1,053,817	30,000	35.13	NP	--
CCS	634,470	526	1,206.22	105	126,653
WIC (DOA)	2,500,000	9,000 FAM	277.77	NP	---
EPSDT	160,329	9,316	17.21	119	2,048
TOTAL	4,348,716				

OFFICE

OF THE

SUPERINTENDENT OF PUBLIC INSTRUCTION

OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION

New data is not available from the Office of Superintendent of Public Instruction at this time. New statistical computer runs and analysis may be complete by September 1977. These will be made available to the DD Council when they are completed, probably nearer the beginning of the year. For that reason FY 1977 data are used, for the most part, duplicating information contained in last year's state plan. A new organizational chart, however, is included as substantial changes have been made.

3.2.6 Office of Superintendent of Public Instruction (OSPI)

The Special Education Unit provides a planned and coordinated program to educate handicapped children. (Mentally retarded, physically handicapped, educationally handicapped - OH, MH, VI, OI, SLI, OHI) Children are screened annually to determine possible Special Education candidates. A Child Study Team executes an educational and behavioral assessment on each child before any placement in Special Education is made. The Special Education Program is meant to supplement the regular education programs. Other services provided are: room and board to out-of-district children; self-contained classes; and home-bound instruction for special cases.

The Transportation Division provides transportation to elementary and high school students to and from school. Transportation may be by school bus or by contract under Individual or Isolated transportation (I & I). The state reimburses 2/3 of the cost; the county supplies the other 1/3.

3.2.6.1 Scope of Services

At present special education services are provided to all who need them between the ages of 6 and 18. Voluntary legislation allows school districts to provide services to children between the ages of 3 and 6 years and 18 through 21 years.

At present objectives and activities designed to meet these objectives have not been developed by OSPI. One activity in place is the use of child study teams which execute educational and behavioral assessments before placement in Special Education classes.

By 1980 Montana will provide on a mandatory basis services for Special Education students between the ages of 3 and 5 and 19 through 21. The fact that these services are not generally available now is a serious deficiency. The lack of preschool services as well as the lack of specialized vocational services for special education students is a serious barrier to normalization for these students.

3.2.6.2 Potential Availability and DD Utilization of Services

On Table 3-4a the figure for those receiving special education services in 1976 is shown to be 2,335 of a possible 14,043 school age students. This figure

is misleading in two ways: 1) It is 1976 data and two years out of date and 2) It is comprised of all handicaps, not just DD alone.

In 1975-76 Montana conducted a child find project. This project met with limited success as indicated on Table 3-4b; only 21 DD children were found who were not enrolled in special education programs. This compares with the Council's estimation of 700-1,000 unidentified DD persons. OSPI figures also show the agency providing transportation to 367 handicapped persons. The agency does not know how many are developmentally disabled.

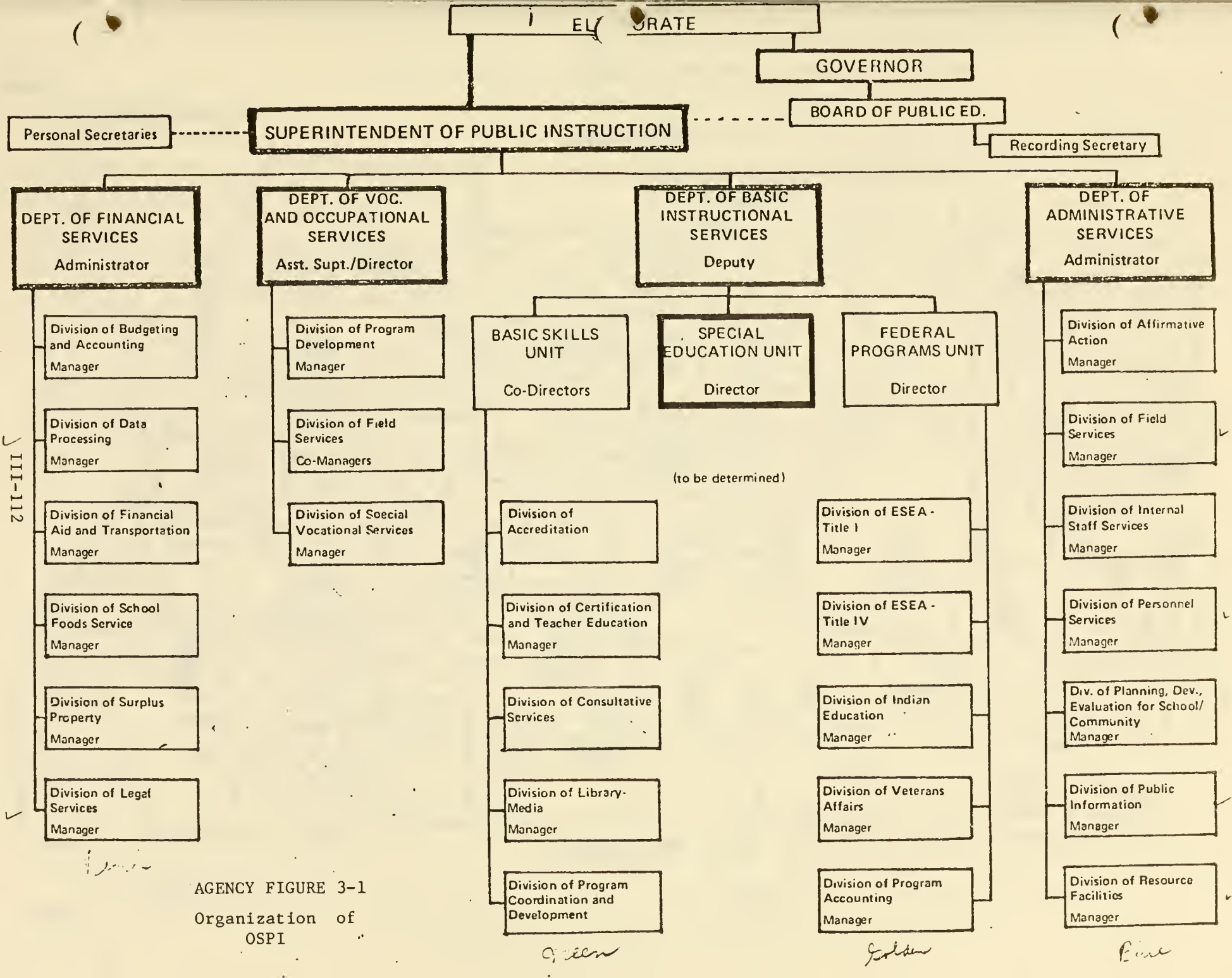
3.2.6.3 Service Resources

Table 3-5, the personnel and fiscal resource table is missing because OSPI has undergone personnel changes in the last year and also because they are unable to furnish at this time and distribution of fiscal resources or budgeting information. The only information available is found on Tables 3-6a and 3-6b. The state of Montana in 1976 spent a total of $19,100,000 on education services and a total of $7,094,992 on transportation services. These figures are totals; no breakdowns for the percentage spent on the developmentally disabled is available. Table 3-7 does attempt to break these figures down. They are, however, not included in the narrative because the reliability and validity are highly suspect.

The only figure for personnel available is a gross total of 1043, 55 of whom are part time, employed by OSPI.

3.2.6.4 Quality of Services

The monitoring and evaluation activities as well as the status of habilitation planning within the agency are unknown. The Council has been assured by the head of the Special Education Unit that new information should be available by the first of January 1978. The Council has approached the agency many times for information. Due to rapid turnover of employees, including top management, and interagency problems, much of the information needed for a review of the agency is unavailable, or out of date. These reasons will suffice for the lack of Tables 3-9 and 3-10 for OSPI.



AGENCY FIGURE 3-1

Organization of OSPI

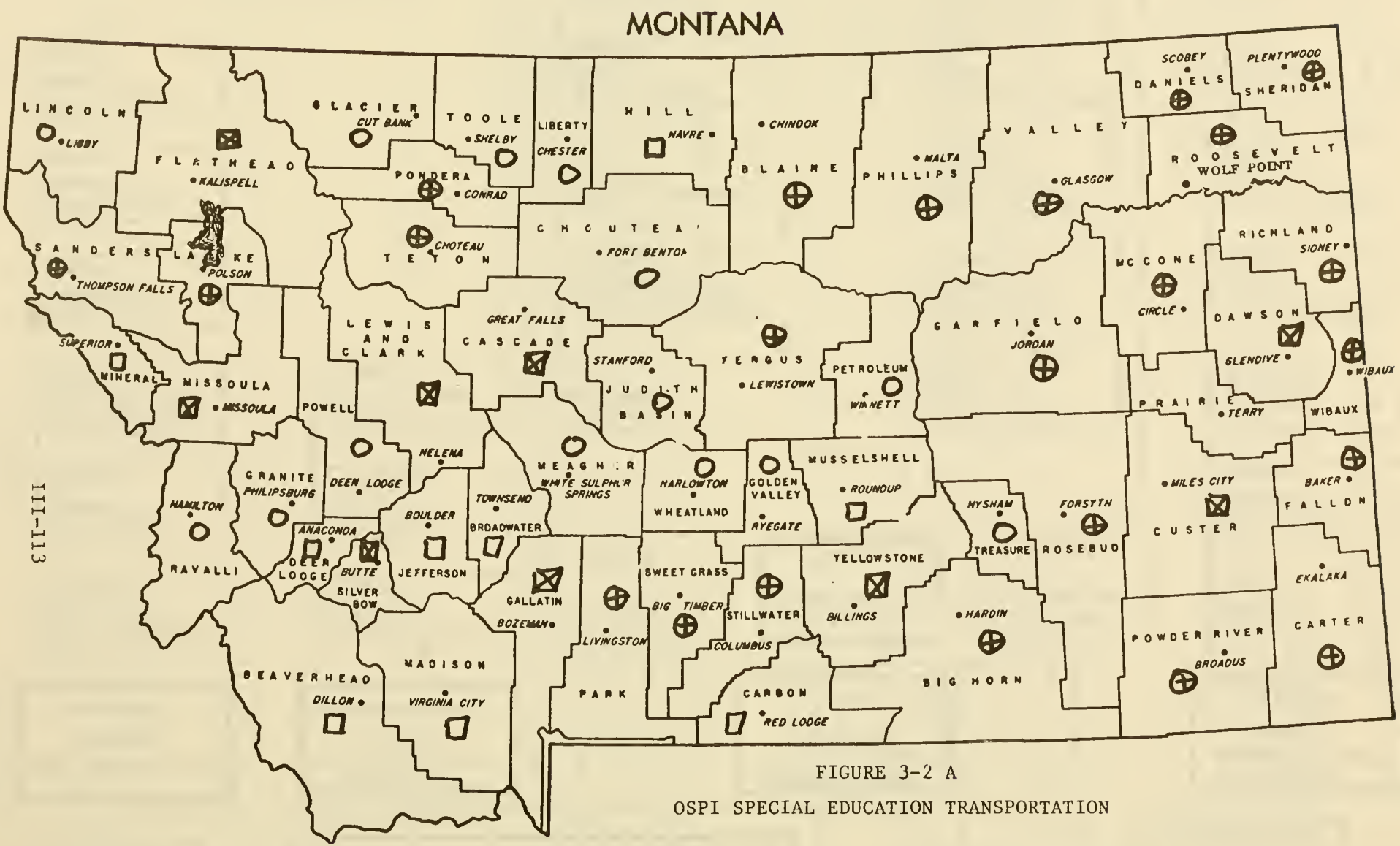


FIGURE 3-2 A

OSPI SPECIAL EDUCATION TRANSPORTATION

- Contract Transportation Only
- Bus Transportation Only
- Both Contract & Bus Transportation
- No Special Education Transportation

No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
Helena

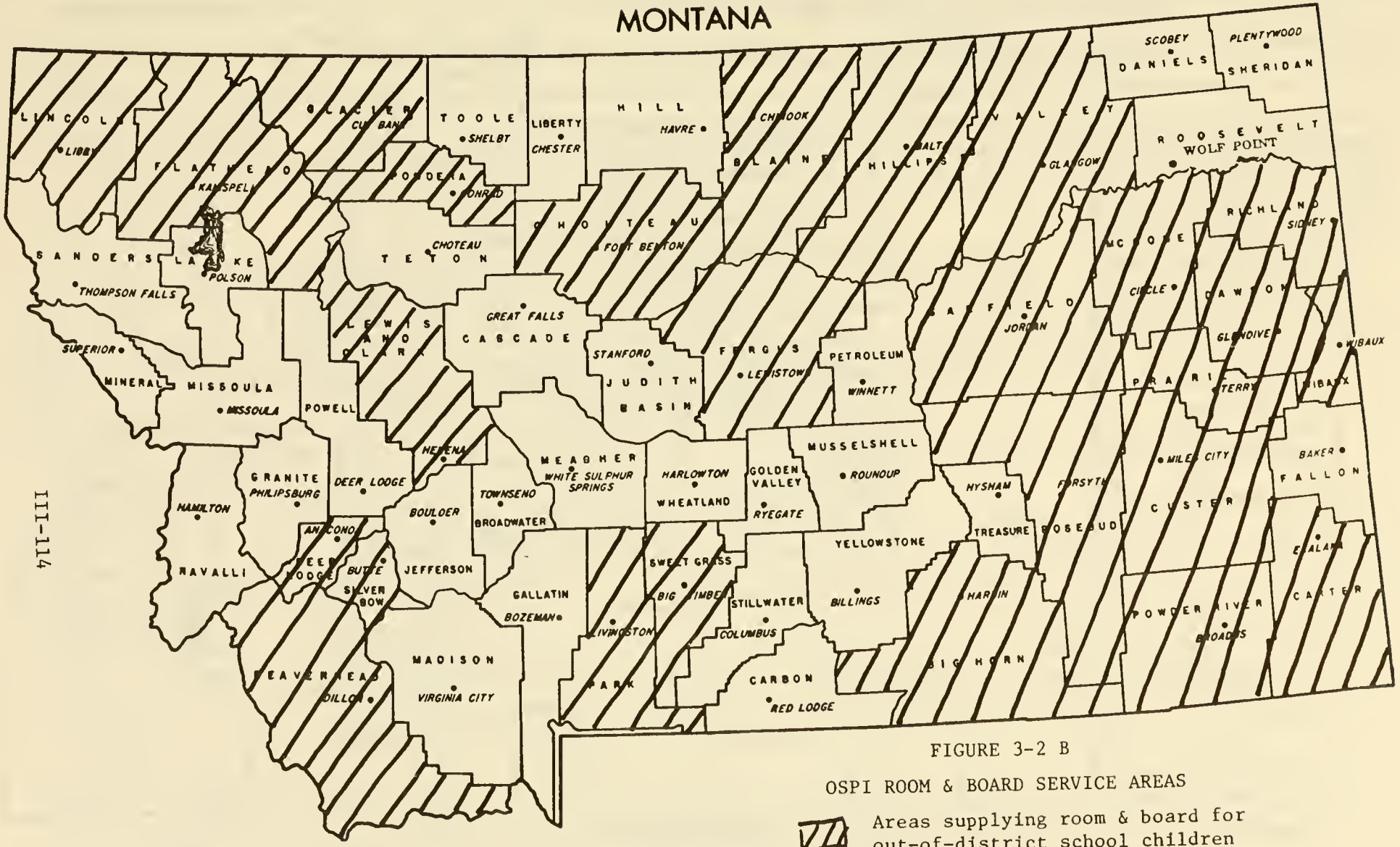


FIGURE 3-2 B

OSPI ROOM & BOARD SERVICE AREAS

Areas supplying room & board for out-of-district school children

Areas not supplying room & board

No. 1052 — County Outline Map

STATE PUBLISHING COMPANY
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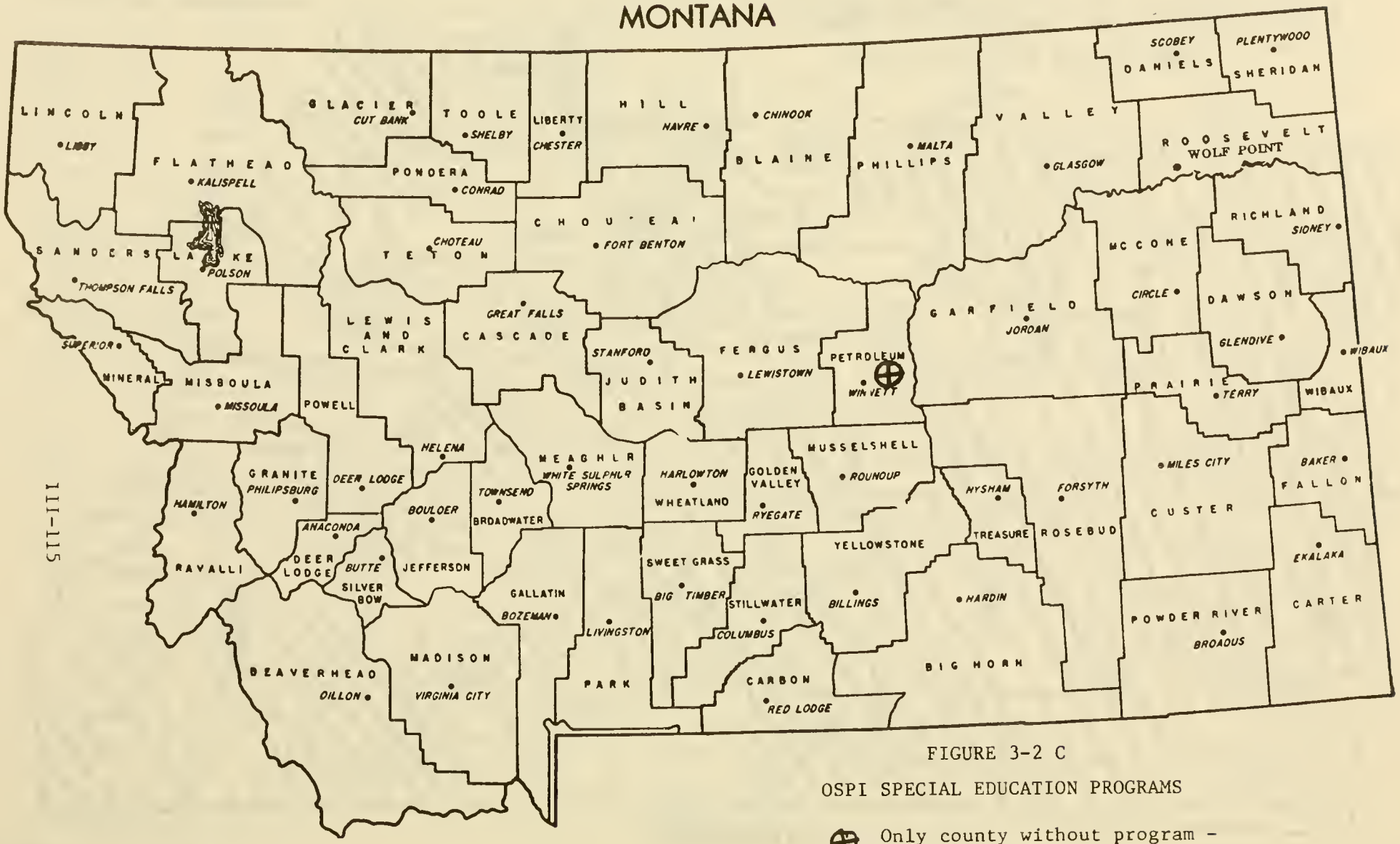
3



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No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
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FIGURE 3-2 C

OSPI SPECIAL EDUCATION PROGRAMS

⊕ Only county without program - children are sent to neighboring and other programs

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

OSPI
Agency
(DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENT 5
Special Education Special & Generic Services	Chap.78 Sec.75 RCM 1949 Article X, Sec. II, Constitution S6(Handicapped Ed.for 3-6yrs.) Title45 Part116 Code of Federal Regulations 116.17(b) 116.24(a) Part B, Education of the Handicapped Act	Provides a planned and coordinated program to educate handicapped children. (Mentally retarded, physically handicapped, educationally handicapped-OH, MH, VI, OI, SLI, OHI) Children are screened annually to determine possible Special Education candidates. A Child Study Team executes an educational and behavioral assessment on each child before any placement in Special Educaion is made. The Special Education Program is meant to supplement the regular education programs. Other services provides are: room and board to out-of-district children, self-contained classes, and home-bound instruction for special cases.	Handicapped Children in need of education.**	Children must be either mentally retarded, physically handicapped (OH,MH VI, HI, SLI, OHI) or edu tionally handicapped and living in an area where there are enough other children to set up a local program (Ten FMR, TMR, 10 PH)*

* After July 1, 1979, every school district must provide or establish and maintain an appropriate Soecial Education program for every handicapped person between the ages of 6 and 21.
** No funds are available for children 0-3 years not classified as DD.

* FEDERAL AND/OR STATE STATUTE OR REGULATION

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

OSPI
Agency
(DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENTS 5
Transportation Finance Planning & Evaluation Svc's. State & Distribution Supervisors	Chap. 70 Sec. 75 RCM 1949 (Reg. Transp. Chap. 78 Sec. 75 (Special Ed. Transp.	Provides transportation to elementary and high school students to and from school. Transportation may be by school bus or by contract under Individual or Isolated transportation (I&I). The State reimburses 2/3 of the costs, the county supplies the other 1/3.	Children enrolled in school.	A child is eligible for transportation (Special education) if he is enrolled in a special education class in the district of the child's residence, or in an approved special education class arrangement out of district.
Room and Board Transportation Funds	General Fund State Aid Distribution	Room and Board are provided to out of district children whose needs cannot be met by the school system in which they have residence. General Fund - $1800/child/year. 37 were served in FY 76. (Out-of-district placement. State Aid-$3/child/day for first child, $1.50/child/day after first child. 1006 served in FY76 at a total cost of $148,575. Number of DD people served unknown. State reimbursed a total of $49,525, or 1/3 of the total cost, the counties paid the remaining 2/3. Homes in the community are provided.		

* FEDERAL AND/OR STATE STATUTE OR REGULATION

OSPI
Agency

AGENCY TABLE 3-2
AGENCY SERVICES CORRESPONDING TO DD SERVICES

(DDSP 3.2.1.1)

AGENCY SERVICES	SERVICES																										
	DIRECT											SUPPORT															
	RESIDENTIAL		DAY PROGRAMS								EMPLOYMENT		IDENTIFICATION			CASE MANAGEMENT			TREATMENT				FAMILY SUPPORT			
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	PRE SCHOOL: DAY CARE	PRE SCHOOL: EDUCATION/TRAINING	SCHOOL AGE: DAY CARE	SCHOOL AGE: EDUCATION	SCHOOL AGE: TRAINING	ADULT: DAY CARE	ADULT: EDUCATION/TRAINING	SHELTERED	OTHER EMPLOYMENT	DIAGNOSIS	EVALUATION	INFORMATION/REFERRAL	COUNSELING	PROTECTIVE AND OTHER SOCIAL AND SOCIO-LEGAL SERVICES	FOLLOW-ALONG	MEDICAL	DENTAL	OT, PT, SP'H, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION
1																											
Office of Superintendent of Public Instruction																											
Special Education Unit		x		x			x	x					x				x								x		

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

OSPI
(Agency)
(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
1. By September 1, 1977, serve all handicapped children in Montana between the ages of 6 and 18 with appropriate free public education. 2. By September 1, 1980, serve all handicapped children between the ages of 3 through 5 and 19 through 21. This would result in full appropriate service for all handicapped children between the ages of 3 through 21.			

AGENCY TABLE 3-4a

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY DIRECT SERVICES FOR 76 (FY)

OSPI (Agency)

(DDSP 3.?.1.2)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
REGION I											
ESTIMATED TOTAL CAPACITY				1,642							
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION				228							
DD UTILIZATION GAP											
REGION II											
ESTIMATED TOTAL CAPACITY				2,598							
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION				589							
DD UTILIZATON GAP											
REGION III											
ESTIMATED TOTAL CAPACITY				2,848							
EST. DD POTENTIAL AVAIL											
EST. DD UTILIZATION				504							
DD UTILIZATION GAP											
REGION IV											
ESTIMATED TOTAL CAPACITY				3,250							
EST. DD POTENTIAL AVAIL.											
EST DD UTILIZATION				519							
DD UTILIZATION GAP											
REGION V											
ESTIMATED TOTAL CAPACITY				3,705							
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION				495							
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY				14,043							
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION				2,335							
DD UTILIZATION GAP											

AGENCY TABLE 3-4b

CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY SUPPORT SERVICES FOR 76 (FY)

OSPI (Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION	SUPPORT SERVICE											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY / PROGRAM SUPPORT		
	Diagnostic	Evaluation	Information & Referral	Counseling	Protective Social; Socio-Legal	Follow-Along	Medical	Dental	OT, PT, SP & H other Special	Recreation	Personal Care	Transportation ***
1	2	3	4	5	6	7	8	9	10	11	12	13
REGION I												
ESTIMATED TOTAL CAPACITY		* 21										***3,767
EST DD POTENTIAL AVAIL.												
EST DD UTILIZATION		** 10										**** 171
DD UTILIZATION GAP												
REGION II												
ESTIMATED TOTAL CAPACITY		12										1,871
EST DD POTENTIAL AVAIL.												
EST DD UTILIZATION		6										40
DD UTILIZATION GAP												
REGION III												
ESTIMATED TOTAL CAPACITY		4										1,845
EST. DD POTENTIAL AVAIL.												
EST DD UTILIZATION		1										70
DD UTILIZATION GAP												
REGION IV												
ESTIMATED TOTAL CAPACITY		8										1,914
EST DD POTENTIAL AVAIL.												
EST DD UTILIZATION		2										34
DD UTILIZATION GAP												
REGION V												
ESTIMATED TOTAL CAPACITY		6										1,422
EST DD POTENTIAL AVAIL.												
EST. DD UTILIZATION		2										52
DD UTILIZATION GAP												
ESTIMATED TOTAL CAPACITY		52										10,819
EST. DD POTENTIAL AVAIL.												
EST DD UTILIZATION		21										367
DD UTILIZATION GAP												

* Childfind # found **Childfind # found with DD

*** These numbers only reflect individual and isolated contract transportation as numbers are not available for school bus transportation. No record is kept of how many children ride buses; ifonly 10 kids ride the bus, then it's considered full. These numbers are not nearly as high as the actual number transported.

**** The low numbers of special education kids served should not be viewed as a gap, or any way negative. OSPI must proivde funds for transportation for children in school, thus transportation needs to & from school are filled.)ects two things: 1) The I&I contract transporta) only. 2) The numb f all special ed. kids se) If a rough estimate for DD's is desired, then multiply by 1%, which is the % kids in OSPI special ed classes.

OSPI

(Agency)

AGENCY TABLE 3-6a
COSTS FOR AGENCY DIRECT SERVICES FOR 76 (FY)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL 1a	DIRECT SERVICES										
		RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
				PRE-SCHOOL		SCHOOL AGE			ADULT			
		Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
REGION I												
FEDERAL							45,840					
STATE							2,246,160					
OTHER												
TOTAL							2,292,000					
REGION II												
FEDERAL							72,580					
STATE							3,556,420					
OTHER												
TOTAL							3,629,000					
REGION III												
FEDERAL							76,400					
STATE							3,743,600					
OTHER												
TOTAL							3,820,000					
REGION IV												
FEDERAL							87,860					
STATE							4,305,140					
OTHER												
TOTAL							4,393,000					
REGION V												
FEDERAL							99,320					
STATE							4,866,680					
OTHER												
TOTAL							4,966,000					
FEDERAL												
STATE												
OTHER												
TOTAL							19,100,000					

Federal Funds actual = 350,000 (2% total) 19.1 million
200,000 for administrative costs
150,000 available for spending
(Not actual Regional allocations.)

OSPI
(Agency)

AGENCY TABLE 3-6b
COSTS FOR AGENCY SUPPORT SERVICES FOR _____(FY)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL 1a	SUPPORT SERVICES											
		IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPPORT		
		Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social Socio-legal 6	Follow-Along 7	Medical 8	Dental 9	OT, PT, SP & H other Special 10	Recreation 11	Personal Care 12	Transportation * 13
REGION I													
FEDERAL													
STATE													605,499
OTHER													1,117,604
TOTAL													1,723,054
REGION II													
FEDERAL													
STATE													438,551
OTHER													920,453
TOTAL													1,359,004
REGION III													
FEDERAL													
STATE													488,980
OTHER													893,350
TOTAL													1,382,330
REGION IV													
FEDERAL													
STATE													407,366
OTHER													767,259
TOTAL													1,174,625
REGION V													
FEDERAL													
STATE													494,109
OTHER													961,672
TOTAL													1,455,781
FEDERAL													
STATE													2,434,455
OTHER													4,660,537
TOTAL													7,094,992

* All transportation (bus and I&I) for all kids (including Special Ed.) and Room and Board.

AGENCY TABLE 3-7

PER CAPITA EXPENDITURES FOR AGENCY SERVICES (ACTUAL)

OSPI
(Agency)

Special Ed. and Transportation
(Type of Service)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	ESTIMATED TOTAL COST OF SERVICE 2	TOTAL NUMBER SERVED 3	AVERAGE PER CAPITA COST 4	ESTIMATED TOTAL NO. (OR %) OF DD SERVED 5	ESTIMATED TOTAL COST OF DD POP. SERVICES 6
SPECIAL ED. SCHOOLAGE					
Region I	2,292,000	1,642	1,395	228	318,256
Region II	3,629,000	2,598	1,397	589	822,741
Region III	3,820,000	2,848	1,341	504	676,011
Region IV	4,393,000	3,250	1,352	519	701,528
Region V	4,966,000	3,705	1,340	495	663,474
TOTAL	19,100,000	14,043	1,360	2,335	3,175,857
TRANSPORTATION					
Region I	280,041	3,967	71	171 *	12,071 **
Region II	72,076	1,871	39	40	1,541
Region III	89,615	1,845	49	70	3,400
Region IV	75,844	1,914	40	34	1,347
Region V	38,646	1,422	27	52	1,413
TOTAL	556,223	11,019			19,773

*All special ed. kids multiply by 17% to obtain approximate number of DD.

**Misleading - actual costs for special ed. transportation are known:

REGION I	23,550.17	
REGION II	5,375.84	
REGION III	8,150.38	(I&I Special Ed. - 2/3 State, 1/3 county)
REGION IV	7,783.08	
REGION V	8,149.83	
TOTAL	53,009.30	

State reimbursement for Special Ed. = 2/3
for regular transportation = 1/3

Note: Individual or Isolated Contract transportation is provided by parents in areas where school bus transportation is not feasible. (Such as some parts of Region I) The state reimburses 1/3 for Regular Transportation, 2/3 for Special Ed. Transportation. Room and Board costs are included in the I&I figures.

3.3 PRIVATE AGENCY SERVICES AND RESOURCES

All services are either provided directly by state agencies or through contracts to providers, who rely on federal and state funds. These providers are considered quasi-public agencies, and for purposes of the plan have been considered in the paragraphs dealing with public agencies.

SECTION IV

DEVELOPMENTAL DISABILITIES

PROGRAM GAPS

SECTION IV

DEVELOPMENTAL DISABILITIES PROGRAM GAPS

This Section of the State Plan for Services to the Developmentally Disabled contains an assessment of the gaps in services to the DD population and a service-by-service summary of the network capability to address the estimated needs of the DD population. Section IV also contains an identification and description of special needs and gaps in DD program operations in the state.

4.1 SUMMARY OF MAJOR GAPS IN SERVICES

The 1977 State Plan attempted to follow the EIS Format in Section IV. This attempt was not as successful as would be desired. The ability to conduct a statistical estimate of program gaps and needs is severely limited. For this reason a different method of collecting information was used for FY 1978.

Each of the five regional councils was visited by State Council staff. Regional councils were asked to assess needs from their experience in working with local program boards and as consumers or parents of consumers. Their experience over the years at the local level was thought to provide a wealth of information that was not available statistically. Therefore, the Section IV Regional Needs Assessment, while deviating from the standard model of estimating gaps in services, is the most valuable tool we have at this time to use in the development of better services to the DD.

It can be said that DD services are under utilized due to geographic, economic, and transportational barriers. Without statistics to back this up, the intensity of this statement cannot be determined. However, Council and service network agencies do know that the development of additional services is necessary if the DD population in Montana is to be adequately served. These factors have been given utmost consideration in the setting of goals and plan year objectives. It has been assessed by the Council that the agencies with the greatest potential for expanding services are the DD Division and the Office of Superintendent of Public Instruction.

4.1.1 Utilization of Available Services by the DD Population

The State of Montana is very large and spread out; in fact, the entire state has been designated as both rural and poverty. Both of these factors severely limit the utilization of services by the developmentally disabled. This is especially true during the winter months when the roads are often inaccessible. The time spent in reaching services usually exceeds the time receiving them. The obvious conclusion is that DD services are under utilized in most cases but at present there is not sufficient data to adequately back this theory. This is because the various state agencies do not have information stored in the format that is necessary for the purpose of this plan. Therefore, Tables 4-1 and 4-2 a and b cannot be included in this year's plan. It is hoped that next

year a more definite assessment of the utilization of services by the developmentally disabled will be made, concurrent with the collection of data that will be translatable into statistics.

It is not unreasonable to state that there is a need for additional services, especially in transportation and community based services. These needs are reflected in the goals and objectives of both the Council and service network agencies, which can be seen in their entirety in Section VI.

4.1.2 Development of Additional Services to the DD Population

The agencies with the greatest potential for expanding services are the DD Division and the Office of Superintendent of Public Instruction.

The implementation of PL 94-142 will double the money available for special education services. Passage of House Bill 816 by Montana will also increase special education service availability. OSPI however, has not developed new data as of this writing that would lead to specific predictions of increases in services. The considerable impact of PL 94-142, HB 816 and other administrative and political considerations may prove to be as much a constraint as a benefit to these services.

DD Division: The impact of legislation on the DD Division has had limiting as well as expansive impact. The two areas which can expect increases are services for children and corrections of past inappropriate placements when the state was moving too rapidly without planning for deinstitutionalization. Services for more severely handicapped children will allow the process of deinstitutionalization to continue, while the "Backtrack" program will allow the state to correct errors made in hasty placements.

4.2 4.3 DIRECT AND SUPPORT SERVICE GAPS

The following section, entitled "Regional Need Assessments," is the result of a survey done this year by the five regional councils. It is intended that this section will fulfill guideline requirements for 4.2 and 4.3 because it was not possible to gather adequate information from all agencies to complete these two paragraphs. This is due to the fact that most agencies do not store their data in the format that is necessary for the purposes of this plan.

Montana recognizes that certain needs are common to all regions; such as, information and referral, medical and diagnostic services, employment services and community living services.

The format of this section varies according to the region. Region I cites barriers to service delivery and then generates specific goals and objectives, relating them to the eventual elimination of the barriers.

The council in Region II does a descriptive analysis of barriers, and then sets goals and priorities. Although these are somewhat general in nature, they do address the problems cited.

Region III points out the barriers to service delivery and then identifics in narrative format the following gaps: direct service, support service, educational and informational gaps. The Council has also pointed out general problem areas within the region.

The region IV council supplies a descriptive narrative on the need for public awareness, role clarification and advocacy.

The region V council offers a list of needs by each county and then cites overall needs for the region.

It is important to note here that the regional needs assessments have been translated into plan year objectives and related to the general long range goals set by the State Council. This task has been accomplished almost solely by Council staff, because this is something the Council did not do this past year. In light of this fact, relating the analysis of regional gaps to the goals, objectives and DFI in Section VI has in fact been achieved.

It is anticipated that next year the Council will engage in a more specific and complete process of setting the goals and objectives as well as the specific activities for the service network in light of the provision of more efficient services to the developmentally disabled.

REGIONAL NEEDS

ASSESSMENTS

REGION I

NEEDS ASSESSMENT AND GOALS & OBJECTIVES

Philosophy:

We intend to support the most optimum birth-to-death service system possible for the developmentally disabled of Eastern Montana. Our programs will adhere to the principle of Normalization consistent with human and legal rights of the developmentally disabled person. We are committed to provide quality services so the individual may maximize his abilities, overcome his handicaps, and develop his full potential. We will examine the following barriers to maximum service utilization and seek to overcome them:

a. lack of information regarding available services

b. cultural, personal obstacles

c. miles to service

d. personality conflicts

e. reluctance to use "free" service

f. inappropriate services available

g. eligibility requirements

By doing this we intend to increase awareness of "what is possible!"

GOAL 1: BY JUNE 30, 1979 TO HAVE DEVELOPED A FULL RANGE OF APPROPRIATE SERVICES FOR THE DEVELOPMENTALLY DISABLED PEOPLE OF REGION 1.

OBJECTIVE 1: Establish a system of family services to assure that the needs of developmentally disabled children and youth will be met within the community to prevent institutionalization.

1.1 Extend the capability and the availability of early intervention by providing Home Training Services.

1.2 Extend the capability and the availability of Respite and Day Care.

1.3 Develop appropriate residential alternatives when natural and foster homes are inappropriate for child's needs.

1.4 Complete the deinstitutionalization of children and youth already identified by the Child and Adolescent Project (CAP).

OBJECTIVE 2: Reinforce existing community-based services.

2.1 Diversify and coordinate the prevocational, avocational, and vocational programs.

2.2 Develop and coordinate a full range of services to include foster care, semi-independent living and group homes.

2.3 Continue the development of transportation, respite, recreation and other special services.

OBJECTIVE 3: Explore the feasibility and facilitate development of appropriate programs.

3.1 Provide an intermediate care facility.

3.2 Provide for Citizen Advocacy.

3.3 Promote appropriate Prenatal Care.

GOAL 2: BY JUNE 30, 1979 TO HAVE DEVELOPED THE APPROPRIATE SUPPORTIVE SERVICES FOR THE DEVELOPMENTALLY DISABLED PEOPLE OF REGION 1.

OBJECTIVE 1: Provide for the coordination of all community services available for developmentally disabled people.

OBJECTIVE 2: Provide for smooth transition from one service system to another.

OBJECTIVE 3: Promote the establishment of the needed supportive services, i.e. physical therapy, speech therapy, occupational therapy.

GOAL 3: BY JUNE 30, 1978 TO HAVE DEVELOPED THE CAPABILITY OF ADVISING ALL PROGRAMS FOR THE DEVELOPMENTALLY DISABLED PEOPLE OF REGION 1.

OBJECTIVE 1: Prepare guidelines for the administration of all Region 1 training programs.

OBJECTIVE 2: Provide ongoing monitoring and evaluation of training programs.

OBJECTIVE 3: Develop a resource guide for all services available to developmentally disabled people in Region 1.

REGION II

NEEDS ASSESSMENT

1. Program Monitoring
2. Regional Information and Referral Center
3. Region-wide Medical and Diagnostic Services
4. Region-wide Recreation Coordinator
5. DD Prevention Programs
6. Public Awareness Programs
   a. Community
   b. Legislature
   c. Medical and Other Professional
7. Advocacy Program Expansion
8. Investigation and Elimination of Service Gaps
9. Early Intervention
10. Expanded Least-restrictive Residential Programs in Rural Areas
11. Involvement of All Related Agencies for Coordination of Job Placement
12. Expanded Support for Natural Home Parents of D.D. who are 18 and Over in Foster and Natural Homes
13. Post High School Extended Education Program for Highly Functional DD People
14. Intermediate Care Facility for Severely Handicapped

1. Program Monitoring

Program monitoring is haphazard and unorganized in Region II at this time. The DD Council has attempted to establish a monitoring committee which never became active. The consumer groups such as ARC, UCP, and Epilepsy have no formal monitoring program and normally make an informal evaluation when a program deficiency comes to their attention. If we are to maintain quality programs, there needs to be some formal, routine evaluation of existing programs.

2. Regional Informational and Referral Center

ACE Corporation currently processes problems of information and referral in a limited way with the staff primarily involved with advocacy activities. This program is also handled informally by the individual components of ACE on an as-needed basis. New parents of DD people need a reliable source of information at the time of their first awareness of the problems they face with a handicapped child. In all succeeding stages of development, the parents, advocates, or relatives need a reliable and readily available source of information on which to base their decisions. This program would also be an informational source for the professional staff of vendor groups.

3. Region-wide Medical and Diagnostic Services

The quality and quantity of medical and diagnostic services varies considerably throughout Region II. The degree of knowledge among the medical profession ranges from poor to only fair with regard to identification and treatment. A competent staff of medical practitioners with expertise in the DD patient field should

be identified and their availability made known to all consumers and others. This group could be developed in an established medical clinic or hospital center.

4. Region-wide Recreation Coordinator

Leisure-time activities after work programs and school as well as during the summer present a problem for DD people. Since many of them do not possess the ingenuity nor resources to plan for their own activities, a region-wide coordination would be valuable in searching out and identifying existing programs as well as identifying leisure-time activity gaps.

5. DD Prevention Programs

One of the obvious ways of reducing the incidence of developmental disabilities is in the field of prevention. Each case of a developmental disability prevented represents a savings of a lifetime of support for this person. This would consist largely of an educational program aimed at prospective parents and parents of young children as well as the portion of the medical profession dealing with young children and new and prospective parents. This would include monitoring the hospitals to assure that all newborns receive those tests required by law.

6. Public Awareness Programs

A very important aspect of community acceptance is public awareness concerning the developmentally disabled. If the community accepts and supports the developmentally disabledand their programs, it is much easier to convince the legislators about the need for state-wide support for elimination of gaps in the service programs. It also makes the life of the handicapped person more in tune with normalization.

7. Investigation and Elimination of Service Gaps

In order to prevent denial of services to segments of the developmentally disabled population, service gaps should be identified and action be formulated to close these gaps. The assumption is that the provision of meaningful services to all segments of the developmentally disabled will be a step toward some stage of independent living.

8. Advocacy Program Expansion

Advocates are volunteer people from all walks of life who show concern for the developmentally disabled by forming a personal relationship on a one-to-one basis with a developmentally disabled person. This has proven to be a very beneficial program, however, it has limited score in Region II due to financial restrictions. At this time, the program staff consists of an advocacy coordinator and a part-time secretary. The advocate is an integral part of the I.H.P. meeting. The advocacy program can be the liaison with the community to assure acceptance of the entire community service program.

9. Early Intervention

In the past, the 0 to 3 age group was neglected with regard to service provision. It has been determined that early intervention training programs for the parents and children can be very beneficial for the parent in dealing with the problems of their young handicapped. Training programs, such as physical therapy, can be used on the infant to prevent degeneration of motor activity and subsequent atrophy of muscles. These programs could make substantial gains in the reduction of non-ambulatory developmentally disabled people. It has been determined that the earlier the stimulation, the greater the future development of the child.

10. Expanded Least-restrictive Programs in Rural Areas

Service program development occurs most rapidly in the larger cities due to the greater abundance of resources and services already in existence in those locations. In order to prevent all of the developmentally disabled from gravitating toward these larger cities, suitable programs should be established on a smaller scale to close the service gap in these areas.

11. Involvement of All Related Agencies for Coordination of Job Placement

Job placement is one of the weakest links in the developmentally disabled training chain. Many clients are trained for years without a specific job placement in mind. Several agencies are dedicated to job placement for handicapped clients but there is little coordination and cooperation in seeking out these opportunities including a coordinated follow-up program.

12. Expanded Support for Natural-Home Parents of DD who are 18 and Over in Foster and Natural Homes

With de-institutionalization, the main thrust for elimination of domiciliary gaps has been directed toward establishment and operation of group homes. These clients have received higher SSI payments as well as the vending corporation receiving individual training grants and more transportation benefits for the clients. All of these benefits should be made more equal for operators of foster homes for DD people as well as parents and clients in the natural home. This type of domiciliary program should be encouraged because of the stability of the parents and less cost per client.

13. Post High School Extended Program for Highly Functional DD People

Many highly functional DD people can benefit from education beyond the special class program in the high schools. Since they

learn at a slower rate, they can benefit from continued education either in an extended high school program or in special classes in a community college. This would also include Vo-Tech facilities as well.

14. Intermediate Care Facility for the Severely Developmentally Disabled

In spite of criticism of closing down one large institution and creating five smaller ones, there seems to be a need for this type of facility. If they were situated near the larger cities in the state, the facility could draw upon local professional expertise for staff as well as a greater abundance of volunteer help and a lesser problem of recruitment of non-professional and paraprofessional staff. This would also involve the parent of the client more since travel time would generally be shorter. A severely emotionally disturbed client who is in a local intervention group home and cannot be handled and has become a real threat to the community could be placed in a ICF for evaluation and short-term treatment until the crisis has eased. This could be integrated in a section of a local hospital.

GOALS AND PRIORITIES

1. Public Awareness
    a. Community
    b. Legislature
    c. Medical and other professional
2. Early Intervention
3. Developmental Disability Prevention
4. Region-wide Medical and Diagnostic Services
5. Advocacy Program Expansion

6. Involvement of Vocational Rehabilitation and Other Related Agencies in Expanded Job Placement

7. Program Monitoring

8. Investigation and Elimination of Service Gaps

9. Respite Care Program Expansion

10. Expanded Support for Natural and Foster Home Parents of DD People

11. Expanded Least-restrictive Residential Programs in Rural Areas

12. Regional Information and Referral Center

13. Intermediate Care Facility

14, Region-wide Recreation Coordinator

REGION III

NEEDS ASSESSMENT

At the present time, approximately 975 people in Region III are receiving services, either through school districts or through contracted services. Another 68 DD people who once lived in communities in Region III are known to be in state institutions. According to the statistics presented in Section II, this leaves an estimated 4940 people unserved in Region III.

Since the majority of developmentally disabled people are mildly involved it is probably safe to assume that many of those 4940 people have been rehabilitated to the point that they have blended in with the general population and do not need services. Some people are receiving services from other agencies and have not been referred for any specialized DD services.

It is known that there are unserved people in Region III. Approximately 50 people have been identified who are not receiving services. Some of the reasons that have been identified are:

a. Geographic considerations - DD people living in many rural areas of the region do not have adequate services of any kind. Even school age children are not enrolled in any kind of program.

b. Family decisions - In some cases, parents do not understand the value of services and have adopted an "acceptance" attitude. This is often reinforced by the professionals who have contacted with them. The philosophies of community based services, including normalization, least restrictive, alternative, client rights, etc., sometimes cause conflicts for families who have adopted attitudes of institutional security and protection.

c. Quality of services - The expansion into new services areas has been slowed down because of the need to improve present services. Local families, after seeing the present group home system, are reluctant to use it for their own sons and daughters. They express concerns about the staff turnover and poor physical plants of homes operated by non-profit corporations. They see group homes operated by private families as lacking in permanence.

d. Financial resources - Some services are not being provided due to limited amount of money available. The money available for residential facilities makes it difficult to serve those with special problems. Some services are not available or only in limited amounts because money has not been allocated - recreation, diagnosis, evaluation, prevention, vocational services in rural areas, etc.

This section will attempt to define known gaps in services. Some of the gaps leave a portion of the DD population unserved. Other gaps leave a number of people either under served or inappropriately served.

DIRECT SERVICE GAPS

A number of gaps have been identified within the contracted service network. These are:

A. Vocational Services

1) All rural areas have limited ability to develop the vocational potential of higher functioning people.

2) Present centers in Billings and Red Lodge are reaching the capacity of buildings and staff.

3) Need to determine if severely and profoundly handicapped people are better served in a work activity center or in an avocational center.

4) Shortage of real work in Sheltered Workshop and in work activity centers.

5) No developed system of contract procurement for the region/state.

6) Little real work that can be done by the physically handicapped especially those with cerebral palsy, so these people have an opportunity to earn money.

7) Lack of formal system to evaluate the effectiveness of present services.

8) Providers financial concerns and reliance on number of people served sometimes hinder client progress.

B. Residential Services

1) No training for semi-independent living available in Red Lodge.

2) No training for semi-independent living available in Lewistown.

3) No training for semi-independent living available in Hardin.

4) Lack of supervision for people living in apartments.

5) No specialized residential facility for DD people with behavior/emotional problems.

6) No specialized residential facility for DD people with marked physical handicaps.

7) Rapid turnover of houseparents in group homes.

8) Group homes are in deteriorating physical condition.

C. Transportation

1) Lack of transportation evenings and weekends for social activities.

INDIRECT SERVICE GAPS

It is apparent that the community at large has gaps in services for the general public. Some of these gaps that concern the DD population are:

1) Shortage of day care or day activities for the elderly.

2) Lack of well-organized activities for people residing in nursing homes.

3) Limited number of nursing homes that are able and willing to care for severely handicapped.

4) County social workers do not have time to devote to DD clients because of demands of large general caseloads.

5) Shortage of foster homes throughout the Region for both adults and children. The shortage for children's homes in Billings is intensified by the need for homes for children attending Montana Center for Handicapped Children.

6) Rehabilitation counselors are limited in giving concentrated services for vocational needs for DD people because of large caseloads and shortage of case service money.

7) Lack of vocational placement staff in rural areas.

8) Lack of long-term follow along for DD people who become employed to ensure job stability and appropriateness.

9) Poorly developed system of identifying and referring people who need services.

10) Inadequate financial resources to purchase adaptive equipment to enable DD people to be more self-sufficient.

EDUCATIONAL SERVICE GAPS

Special Education programs have expanded and improved throughout the Region in a continuing manner. There are still gaps in these services, however. Some identified weak areas are:

A. Preschool

1) No early childhood intervention program for children under 3 in all areas of the Region outside of Billings.

2) Very few center-based or other school programs for children 3-5 in all areas of the Region outside of Billings.

B. School Age

1) Lack of programming geared to individual abilities for some students.

2) Lack of programming that is age appropriate for some student.

3) Lack of vocational development and job experience for some high school students. This has been further complicated by Lewistown discontinuing work-study program.

4) Lack of emphasis on speech and language acquisition and development in the special ed classroom. Speech therapy is separate from this setting.

5) Lack of adequate programs for people who are blind and/or deaf and retarded.

C. General

1) Shortage of trained school personnel who can program for multiple-handicapped and profoundly retarded.

2) Lack of transportation to school for handicapped students in many areas.

GAPS IN INFORMATION

The service delivery system in Region III has not been fully developed to some extent because of insufficient knowledge. This is generally due to lack of available information. Identified areas where insufficient information exists are:

1) Needs of the DD population living on the Crow Indian Reservation.

2) Knowledge of a greater variety of residential alternatives.

3) Who in institutions have priority for community placement and what kind of residential service is most appropriate.

4) How to serve the DD individual residing in a rural area who chooses not to move to an area having established services.

5) How to serve the DD individual who has never lived in a group home situation, nor participated in group activities.

6) The extent of need for follow along services that does not duplicate present Vocational Rehabilitation, Workshop, and school district responsibilities.

7) The impact on the service system if the Avocational Center becomes a Work Activity Center.

GENERAL PROBLEM AREAS

The delivery of services and planning and implementing new services are hampered by some general problems that have not yet been solved. Some of these are:

1) Staff turnover.

2) Lack of ability to program for problem clients. Some of this could be due to lack of expertise. Inadequate physical surroundings also contributes to this problem.

3) Lack of understanding of the philosophies underlying community based services by the majority of the population, including many professionals.

4) Shortage of personnel with experience and knowledge in specialized areas to provide the full range of community-based services.

5) Foster parents have not been trained to deal with the special needs of the DD people placed in their homes.

6) Lack of good methods of evaluating present services.

7) Lack of common agreement among professionals, providers, and staff on mental image of what a group home is.

8) Parents concern over instability of a service system particularly residences which are not state owned.

9) No therapists who are specially trained in counseling emotional disturbed DD adults.

REGION IV

NEEDS ASSESSMENT

The Region IV Council feels that throughout this Region we have to better understand who we are on various levels; e.g. Regional Council IV members, provider board members, local staff members, and other state and local agencies, Regional Developmental Disabilities Staff, and State Developmental Disabilities Council members and State Developmental Disabilities Staff. In addition to self-identification, we all need to have our roles clarified and in so doing, discover the lines and limits of our responsibility and authority. We see this need being met somewhat by intentional procedure of training and education of new council and provider board members. We must aim at broadening the base of representation on councils and boards.

We also feel a need for awareness on all these levels of responsibility of all services that are available for developmentally disabled persons including generic services that though not exclusively for use by developmentally disabled persons, can be tapped as community resources. We feel a great need for the public to become aware of the needs and also the assets that developmentally disabled persons within the community can provide. As a goal beyond public awareness we will aim toward more community acceptance of persons as persons, and thus community support of families who have members who are developmentally disabled. Specific areas in which we find awareness lacking are among the legal, medical and business professions. We feel that throughout Region IV, at all

levels of participation, there is a great need for increased understanding of cerebral palsy, epilepsy, and autism.

We feel a need for our Regional Council to become more politically active to disseminate procedural information and support of the permissive legislation for the one mill levy on the county level for the developmentally disabled population. We also must become more active in promoting DD advocacy on all levels, including senior citizens.

We feel a need for more programs and emphasis on early childhood intervention and prevention; an increase of family support services; a program of services to the rural areas of our region; a great increase in specific job skill training so that clients can grasp marketable skills; cooperative contract procurement (regional and state), and some creative planning for summer camp opportunities for clients and families and other avenues of therapeutic recreation programs.

The concept of providing group Homes and foster Homes as alternative living community arrangements must be broadened and strengthened. There is a need for in-depth training of group home managers in rules, and regulations and the providing of services to clients.

We feel the great need for an over-view of each client's individual plan for development and growth so that a sequential program flow will become the norm, between living situations and program services, so that each client may easily move as his living and work skills increase. We must correct inappropriate placements in both living facilities and programs.

REGION V

NEEDS ASSESSMENT

Flathead County:

1) Respite Care

   a. Emergency or vacation

2) Day Care

3) Transportation

   a. Available to all developmentally disabled people, including all outlying districts as well as towns, at any time necessary.

4) Public Education

   a. Public service announcements

      1. Specific information why deinstitutionalization is working.

      2. Need for Special Education and its benefits.

      3. Teacher education

      4. Dispell growing resentment by teachers against Special Education, because of misunderstanding of funding and salaries.

5) Evaluations

   a. Medical

   b. Psychological

   c. Speech and hearing

   d. Early intervention and diagnosis

6) Early Treatment

   a. Portage Project - type service

   b. Home Trainer

7) Behavior Modification Specialist

8) Parent Training Workshops

9) Group Homes and Semi-independent Living and Funding

10) Foster Homes

11) More Sheltered Employment of Varying Degrees

12) Coordination of Agencies Providing Services

13) Occupational and Physical Therapy

14) Employment Services (with trained staff to monitor)

Lake County

1) Respite Care

a. Preschool

1. Day Care, 2-5
Head Start or Kindergarten, Ages 5-8

b. School Age

1. Age 15-25 in Special Ed or Work programs, to prepare them for actual work, work study, on the job training, particularly for the trainable.

c. Work Programs

1. Correlated program for the life of the individual.

2. Work evaluation and training

3. Counseling

4. Pre-training for Adults, 18 and over.

d. Others

1. Availability of services to persons or clients not Regionally located, and the return home. Possible Centralized Residential facilities for rurally located clients. Provide weekly services but home on weekends. Some ready for semi-independent living in town.

2) Dental Treatment and Referral to Specialists

3) Legal Aid and Protection, Information

4) Regional Information

a. Feedback on State and Regional Services and information. Parents need and want to know what is going on.

5) Better staffing in the Public School System, for the handicapped.

Lincoln County

1) Respite Care

2) Domiciliary Care

3) Counseling:

a. Parent and Individual - basic needs ov everyday life with choices and alternatives as to type of training. Choice of living facilities, etc. Each alternative choice should bring each individual closer to participating in society and utilizing their individual potential. All regional alternatives must be readily available to all people needing service.

4) Testing and Evaluation

a. Early childhood screening, detection and intervention along with parent counseling and follow-along services to see if parents understand finding and securing services needed. Because of distance of travel to many areas in the Region, diagnostic team should go into the community.

5) Schools

a. Counseling

b. Preschool screening - detection

c. Coordination of program with Sheltered Workshop. School should be made to face up to their responsibility in providing Special Education for all Developmentally Disabled, Ages 6-25.

6) Social Services

a. A need for evening activities, i.e. parties, dances, etc.

Missoula County

1) Respite Care

2) Semi-Independent living and funding

3) Public Education

a. Better news coverage

b. Public service announcements

c. Specific information on why deinstitutionalization is working.

4) Children and Family Services

a. Parent Training

b. Behavior Training

c. Specialized Residential Services

d. Preschool Services

e. Ongoing Assessment

5) Foster Homes and Public Relations

a. Children, Age: Infant to 18

b. Adults, Age: 18 and over

6) Regional Information Feedback

a. Information on State ard Regional Services

b. Parents: They need to know, and have the right to know, what is going on.

c. Information on dollars, where spent, and results of that spending.

7) Need to Support and Strengthen Existing Services

a. Help Opportunity Workshop find a larger facility.

b. Increase staff to facilitate serving more clientele with more follow-along.

8) Regional Reference System

a. Cross reference system of existing facilities and flexibility of client placement.

Sanders County

1) Respite Care

2) Residential Living

a. Group Home (Hot Springs 1st)

b. 18 and over, own home (Thompson Falls)

c. Independent Living

3) Avocational Services:

a. Change high school program into an established Vocational Program

b. Basic skills

c. In conjunction with group home, beyond basic skills, if ready.

4) Craft and Hobby Store

a. To display and sell items made by clients while working in Vocational Training, to become self-sufficient and self-employed.

b. Age 16-21; school age and after school.

c. Store preferably to be in Thompson Falls.

5) Physical Therapist

6) Parent help for developmentally disabled over school age

a. Counseling

b. Training

Ravalli County

1) Respite Care

2) Organized work training and semi-independent living training

3) Preschool services

4) Work activity training adult basic education

5) Public education

6) Counseling

7) Recreation

8) Foster Care

Needs Assessment - Region V

The narrative for last year's plan remains the same. However, the service needs in Region V have changed from last year because some of the goals have been met. This is particularly true for respite services (the top priority) which will be available in four of the seven counties of the Region. Assistance to families in their own homes has been met in part by the services of the Comprehensive Development Center.

However, there are needs which will require further efforts by all persons and agencies in the developmental disabilities movement in Region V. These include the following:

Overall

1. Advocacy for each developmentally disabled person and his family who has a need.
2. More meaningful and financially rewarding employment opportunities
3. Development of more appropriate residential and day services for persons inappropriately placed in nursing homes, personal care homes, and institutions.
4. Development of services appropriate to persons graduating from special education.
5. Upgrading residential services.
6. Providing more money for developmentally disabled persons to live more independently than community homes.
7. Reducing the number of persons in community homes.
8. Developing more local funds for services.
9. Developing effective programs for community education and awareness.

County

Special needs have been identified in the following counties:

Lake - respite services and residential services developed such as group homes.

Ravalli - semi-independent living.

Missoula - more residential services.

Sanders - improved facilities for residential and day services; services for persons in the county area outside of Hot Springs.

Mineral - identification of needs of developmentally disabled persons and families.

Each county and the region overall will identify needs more specifically and completely as the Regional Planning Committee begins its work during the summer and fall.

4.4 SPECIAL NEED IN THE DD PROGRAM AND SERVICE NETWORK

4.4.1 National Program Goal Areas

Deinstitutionalization and Institutional Reform:

As of the writing of this plan the institutionalized DD population has dropped from over 1,100 to approximately 375 persons in the past five years. This says much for Montana's progress in the area of deinstitutionalization. One fact marrs this record; close to 200 of those who left the institutions were placed in nursing homes. Montana, according to a recent study completed by the DD Division, has erred in the direction of exuberance, and this has resulted in the 200 inappropriate placements.

Reducing inappropriate placements is a major goal facing Montana. There are also close to 100 DD clients at the state hospital for the mentally ill and the state hospital for those suffering from drug/alcohol dependence. Few services are available for those in these two institutions. Plans are to move these patients either to Boulder River School and Hospital or to community programs, for training and residential services. This move will be accomplished by July of 1979.

The major factor limiting deinstitutionalization is financial. Limited finances have slowed down the deinstitutionalization process, which although creating only somewhat better than a maintenance effort, may also allow Montana to address the problem of placement and inappropriate placements in a more orderly manner.

Community Programs:

Lack of dollars has also had one further benefit: stimulation of innovative programming. The DD Division is relying more on returning children to natural homes, developing foster placements including a new concept called Foster Families, and extending capabilities of natural families to never call on an institution through extended family and child services.

The Foster Family concept is one that extends the capabilities of the more normal foster parent program. Foster Families of aunts, uncles, brothers, sisters and cousins provide more people for an individual to come into contact with, certainly a more normal environment. This concept will also help to insure the success of the foster placement by providing inbuilt respite care.

Prevention and Early Intervention:

A statewide system of prevention and early intervention is one of the most severe gaps recognized by the Montana Council. At present only two communities offer centralized diagnostic and evaluation services. These two are located in Missoula and Billings. With this in mind, the Council adopted as one of its priority areas for its grant funds the category of a statewide system for diagnostic and evaluation services. The expansion of diagnosis and evaluation services by the Health Department is also a priority for the Maternal and Child Health Services Bureau. The MCH program has also adopted as a priority for grant funds any program that will expand EPSDT services for crippled children through local community health departments.

Counseling:

There is some reluctance on the part of Community Mental Health Centers to treat clients with developmental disabilities. This reluctance is due in part to inexperience on the part of personnel with DD problems and clients. In part, however, the reluctance is due to political problems and rivalries, which unfortunately acts as a barrier to gaining experience and providing more effective services. The Council adopted a resolution at its August meeting aimed at promoting a dialogue between the Mental Health Centers and the DD network.

Advocacy and Protective Services:

As all in the DD movement know, advocacy is a major emphasis for DD councils this year. Montana has assessed needs in the area of advocacy and protective services, as the designated planning agency for advocacy. The Council has submitted its plan for advocacy services to the federal government. In it the Council adopted a novel and innovative approach to providing these services. It opted to attach the program to the Council itself. While acceptance by the federal government is still not forthcoming, Montana believes that this attachment both demonstrates its commitment to filling the need for advocacy services and is more appropriate because there is no other agency with more expertise concerning the need for these services.

4.4.2 State Program Needs

A serious need in Montana is a comprehensive data gathering mechanism. The Developmental Disabilities Planning and Advisory Council is doing what it can to encourage the creation of a more comprehensive and integrated mechanism for gathering data. There are, however, many different agencies and separate programs with their own specific requirements to be coordinate. Another is the need to encourage the development of more private service providers throughout the state, especially in the less populous counties. In conjunction with the latter, the access to existing services must be expanded to increase participation in sponsored programs that ensure the rights to a normalized life style for the developmentally disabled.

It is readily apparent that Montana has extensive gaps in the delivery of services. By looking at the maps, the extent of the gaps in these areas may be easily discerned for Region I and II. Since many of the services concerned are more often than not the responsibility of contracted services the reason for the gaps becomes obvious. Private providers and contractors just do not exist in many areas of the state. Where they do exist, limits in capacity come into effect.

State provided services also suffer in this area. We have already noted the lack of data gathering capabilities. This extends as well to identification and referral. County social workers, vocational rehabilitation counselors and public health officials have little time to devote to developmentally disabled clients because of the demands of large general case loads. Finally, inadequate financial resources for the development of programs, hiring more personnel or purchase of adaptive equipment to enable developmentally disabled persons to be more self-sufficient is always a major factor contributing to gaps in services.

4.4.3 DD Planning Council Gaps

In general, the State and the Council share certain needs: 1) The need for evaluating mechanisms that will judge not only the quantity of programs and number of clients,but the quality of these services for individual clients; 2) The need for inter-agency coordination - a real network of DD services, rather than the presently fragmented one is needed; 3) An increase in educating, advocacy, and influencing capabilities; and 4) Provider training is a special need for the State and for the Council to be concerned about.

TABLE 4-4

DEINSTITUTIONALIZATION DATA (DDSP 4.3)

INSTITUTION						POPULATION CENSUS										
NAME & LOCATION OF INSTITUTION 1	TYPE 2					FISCAL OR CALENDAR YR. 3	CAPACITY		POPULATION MOVEMENT							
	PUBLIC			PRIVATE						ADMISSIONS IN YEAR			OUT MIGRATION			
	STATE	COUNTY	CITY	NP	OTHER		RATED 4	AVG DAILY CENSUS 5	BEGIN OF YEAR 6	1ST 7	RE-ADMIT 8	TOTAL 9	DISCHARGE 10	DECEASED 11	DE-INSTITUTIONAL 12	END OF YEAR 13
BRSH	X					FY 78	302		7/1	* +	* +	* +	10	5 avg.	35	
* WSSH	X					FY 78	475		7/1	The Department of Institutions is hopeful that these developmentally disabled clients will all be transferred to Boulder or to community programs by July 1, 1979.						
** Galen State Hospital	X					FY 78	355		7/1							
Eastmont Training Center	X					FY 78	32		ETC is a day program and the population capacity is constant.							

\+ Numbers of initial and readmissions will be dictated by the capacity and ability of DDD to place individuals. The admissions and readmissions will most likely come from WSSH and Galen State Hospital.

** 10 are developmentally disabled

* 85 are developmentally disabled

SECTION V

DEVELOPMENTAL DISABILITIES PLANNING

COUNCIL ACTIVITIES

SECTION V

DEVELOPMENTAL DISABILITIES PLANNING COUNCIL ACTIVITIES

This section contains a description of the focus and general content of the activities of the Developmental Disabilities Planning and Advisory Council in Montana. This section also includes information on the organization and functions of the Council.

5.1 COUNCIL ORGANIZATION AND FUNCTIONS

The Montana Developmental Disabilities Planning and Advisory Council was established in 1971 under a mandate from PL 91-517. It is officially allocated to the Department of Social and Rehabilitation Services (SRS) yet is closely linked to the Governor's office. The Developmental Disabilities Division (DDD) is housed in SRS and works closely with the Council.

The DD State Law of 1974 (amended in 1975 and 1977) provided the enabling legislation to create five regional councils. These councils serve a planning and advisory function for DDD and are represented on the State Council.

The Council's primary functions are to advise all those who serve the developmentally disabled, to develop a plan for a statewide system of community based services and to act as advocates for the developmentally disabled.

5.1.1 Organization

The Montana Developmental Disabilities State Planning and Advisory Council was first organized in early 1971 as mandated under the Federal Developmental Disabilities Act of 1970 (PL 91-517). State enabling legislation was developed in 1974 and was amended by the legislature in 1976 and again in 1977. It is now codified in Chapter 24 71.2406 of Montana State Laws. It is included in this section with a brief explanation as Attachment 5.3.3.

Although the State Council is officially allocated to the Department of Social and Rehabilitation Services, the Council is also closely linked to the Governor's office. In August, 1975, a half time staff person was hired by the Governor's office. This person was to serve both the Developmental Disabilities Planning and Advisory Council and the Mental Health Advisory Council. The position was originally assigned under the supervision of the Governor's Mental Health and Retardation coordinator in the Governor's Office of Budget and Program Planning (OBPP). Because of Executive changes, the position was later placed under the Deputy Director of Planning, OBPP. SRS has continued to be the developmental disabilities operating agency and the Developmental Disabilities Bureau (now Division) has worked cooperatively with the Executive Director and Council. Support services, such as, accounting, payroll and audit, are provided to the Council by SRS. These indirect costs are covered in the budget for the Developmental Disabilities Division. In October of 1976, the Council added a staff

member who will work for the DD Council 80% of the time and the MH Council 20% of the time. The DD Council also employs a full-time secretary.

The State Council adopted bylaws of October 18, 1975. (See Attachment 5.1.1) The bylaws call for two officers, chairperson and vice chairperson; an Executive Committee; and four standing committees: Planning & Evaluation, Advocacy, Grants Review and Resource Utilization. The bylaws also allow for ad hoc committees as needed.

It should be noted that the Developmental Disabilities State Law of 1974 not only provided the enabling legislation for the State Council but created five regional councils within the state. These councils serve a planning and advisory function for the Developmentally Disabilities Division of SRS. The regional councils are not administratively connected to the State Council, but regional council representatives serve on the State Council as provided by law. Each regional council has its own bylaws and internal organization.

5.1.2 Functions

The primary functions of the State Council are to advise the Governor, the Dept. of SRS, other state agencies, councils, local governments, and private organizations of programs which serve developmentally disabled persons and to develop a plan for a statewide system of community based services. The bylaws describe the functions more specifically and are included in this section as Attachment 5.1.1.

There are five regional councils throughout the state which plan specifically for their respective geographic areas. The regional councils are composed of a varying mix of parents, consumers, service providers, interested professionals and general public members. In addition to planning, regional councils conduct public information work concerning DD issues, let contracts for pilot projects through community development grants, receive and investigate complaints from DD beneficiaries and meet to discuss DD needs and resources.

The councils work closely with grass-roots groups, provide some liaison to county service agencies, disseminate information, make referrals, and advocate for new programs. The regional councils plan an ongoing role in the development of resources, planning and implementation. Each regional council is intimately involved in these procedures, as well as having representation on the State Council. The regional representatives to the State Council make regular reports on each region's needs and the methods employed to meet those needs. In order to bring about even closer communication between the regional and state councils concerning the better provision of services, the councils will have at least two meetings per year between regional council officers and the State Council Executive Committee. In addition, a state conference on DD will be held annually, beginning this year, to include all members of the regional councils, all State Council members, all staff of state agencies providing services, legislators, and interested representatives of consumer groups. The purpose of these meetings will be to become informed, collectively, of the needs of DD individuals in the state and to share information among regions.

Both the Council and the five regional councils have been formed for the following purposes:

1) To act as advocates for the developmentally disabled, to insure their rights and promote their well being through normalized treatment services;

2) To plan, advise and gather information and make recommendations to the DDD and DD Service Network.

5.2 PLANNING ACTIVITIES

This year's planning process reflects an improved understanding of Federal Regulations and PL 94-103. The Council has been active in both the coordination and supervision of the DD State Plan and as well a contributor to the completion of Sections III and IV.

The process of setting goals and objectives was facilitated by Developmental Disabilities Training and Assistance Service (DD/TAS) from North Carolina. Using a tool called the "nominal process" each Council member's views were accurately reflected in the goals and objectives stated in this plan.

The Design for Implementation adheres to these goals and objectives and pays special attention to the needs assessment which is included in Section IV.

5.2.1 Planning Process

The planning process changed considerably this year, and reflected greater clarity in Federal Regulations. The Council was more active in the coordination and supervision of the DD State Plan.

A meeting was held with all agency heads responsible for data in the plan. The Governor's Office of Budget and Program Planning completed Section II of the plan. The various state agencies completed Section III statistics, while the DD Division completed Sections I and VI as well as their portion of Section III.

A staff member also met with each of the regional councils. Regional councils contributed greatly to the completion of Sections III and IV.

Council staff was still responsible for pulling the sections of the plan together. Next year, however, this function should be turned over to the designated state agency, the DD Division. New administrative regulations to be adopted by the state, contain an orderly process and statement of responsibilities, that will enable the Montana Council and the designated agency to follow. to the letter, the process as set out in Federal Regulations.

5.2.2 Goal-Setting Procedure

The Council reviewed goals and objectives submitted by the regional councils and state agencies. These are reflected in Council goals and objectives and have changed little from last year.

It is important however, to note the role played by staff from DD/TAS. Their staff was able to come to Montana and conduct a workshop on goal setting. Using a tool called the "nominal process" each Council member's views were able to be accurately reflected in this year's goals and objectives.

5.2.3 Implementation Planning Process

The Design for Implementation (DFI) was created to reflect the goals and objectives of the DD Planning Council and the DD service network agencies. The purpose of this year's DFI is to consider the needs assessment done in Section IV by setting objectives that will accomplish specific activities in each of Montana's five regions. These objectives correspond to both long term and current year goals of the Council and network agencies. In addition they adhere to national and state priorities, such as, deinstitutionalization, advocacy and public education.

5.3 INFLUENCING ACTIVITIES

The state and regional councils play a major role in influencing service agencies, legislators and the general public. The State Law requires membership slots for four state legislators. The effectiveness of these legislators and the councils in the legislative process was demonstrated when the legislature met in January, February, March and April of this year. In addition, the Council has served to bring agency heads in direct contact with consumers. One important result of State Council influence should be given particular note. Last year, several grants were awarded to particular consumer organizations on the condition that the organization get together with the developmental disabilities consumer organizations. This stipulation has resulted in the formation of a new service to developmentally disabled persons and their families and has increased inter-agency coordination.

5.3.1 Inter-Agency Coordination

One of the major concerns of the Council is the improvement of inter-agency coordination and cooperation. During the past year, the Council has been involved in several major efforts to carry out the goal. It has served as a forum to bring state agencies together. This has been particularly true in the area of preschool services. The Council relentlessly pursued the establishment of the primary responsibility for such services. In addition, the Council supported legislative resolution to the Governor's office calling for the resolving of problems inhibiting the placement into the community of institutional residents. A third major action of the Council has been the creation of the Task Force on Higher Education, which has resulted in greater coordination between other state agencies and higher education. Council members and staff have been active in AAMD. In October, this region's AAMD conference, sponsored in part by the Montana DD Council, will be held in Billings.

5.3.2 Advocacy and Public Education Activities

In May of 1976 Governor Thomas L. Judge selected the Developmental Disabilities Planning and Advisory Council as the planning agency for designing the Montana Advocacy Program (DD/MAP). The Council instructed its Advocacy Committee to assess the advocacy needs in the state and to recommend to the Council a plan for Protection and Advocacy as mandated under Public Law 94-103, Section 113. The Committee made the decision to carry out the instructions of the Governor utilizing existing Council resources (staff and facilities) and to carry over the largest percentage of planning funds into the implementation stage. The Advocacy Committee also utilized two consultants, a representative of institutional advocacy (the patient's attorney at the state mental hospital - WSSH) and a representative of citizen advocacy (the director of a citizen advocacy program). The Committee excluded no interested person within the state from its deliberations on the Protection and Advocacy Program. During the final stages of planning, the Committee was expanded by five members to add additional expertise to the development of an effective Protection and Advocacy Plan.

Initial planning work involved a series of questionnaires to regional and state council members. A brief explanation of the requirements for the P&A Program was included with organization and opinion surveys. The organization survey was intended to provide information on all organizations presently providing advocacy services within the state. A second organization survey was mailed to all organizations identified as advocacy organizations by regional and state council members. This survey identified the type and extent of advocacy services, plans for expansion of advocacy services and staffing and funding structures of advocacy organizations.

The Committee conducted a review of all state agencies and private statewide organizations having an advocacy function within state government to determine how the Montana Advocacy Program (DD/MAP) could best coordinate with and utilize the services of existing advocacy agencies. These agencies were also reviewed for the possibility of administrative housing for the DD/MAP. Among those agencies examined most closely by the Committee were the Human Rights Division, Citizen Advocate Office, Mental Disabilities Board of Visitors, University of Montana Law School and Montana Association of Retarded Citizens.

The Chairman of the Advocacy Committee and Council staff appeared before four of the five regional councils to develop a concept of advocacy needs existing in communities throughout the state. A paper, entitled "Setting Regional Advocacy Priorities," was mailed to each Council member before the staff solicited the concerns of regional council members. A group process was utilized to prioritize the needs identified at those meetings. This was a very valuable exercise and formed the basis for the program objectives and a region-by-region list of priorities and concerns was developed.

A private attorney from Seattle, Washington was hired by the Committee for the purposes of advocacy consultation. The attorney had a background of advocacy planning in three western states. He worked closely with the committee for two days to solve many structural problems the committee was experiencing with the program.

A Committee report was submitted to the Developmental Disabilities Planning and Advisory Council at the April Council meeting. The report recommended three alternatives for the Council's consideration. After deliberation on the advantages and disadvantages of each alternative, the Council selected the plan for direct attachment to the Developmental Disabilities Planning and Advisory Council. Reasons for this decision were:

The Montana DDPAC operates as an independent planning body;

The Council is composed largely of consumer and geographical representatives;

The Council, by amendment to the bylaws, has excluded state agency representatives from voting on advocacy program issues; and

The Council is structured under state and federal law and, as specified in the Federal Regulations, serves as planner and advocate.

A public heaing was held on the proposed plan May ? , 1977 for the purpose of public review and comment.

In the coming year, the Council hopes to be more active in the area of public awareness/education in all five regions of the state through the implementation of its goals and objectives relative to this area.

5.3.3 Legislative and Administrative Activities

A copy of the newly revised law controlling developmental disabilities is provided as Attachment 5.3.3. The revisions were drawn by Council staff and approved by the Executive Committee. They were sponsored by a member of the Council who is a legislator.

Other legislation was drafted by Council staff and introduced by Council members. Although they did not receive approval, they resulted in a resolution for a legislative study which was passed and funded at approximately $100,000 for two years.

For the three months that the legislature met, one staff member spent approximately 75% of his time monitoring legislation, testifying before committees, and informing Council members of pending hearings and other legislative activities.

The Executive Director of the Council was engaged in numerous activities, including but not limited to: planning for Council meetings, including a joint meeting with the Mental Health Advisory Councils at which the Governor and Attorney General made presentations and answered questions; supervising the advocacy planning and the staff member working with legislation and the State Plan. The Director is also engaged in supervising changes in bylaws, the drafting of newadministrative regulations, and proposals for realignment of the Council's committee structure.

5.4 EVALUATION ACTIVITIES

The DD Division has a contract monitoring system in which it submits quarterly reports to the Council. The Council will use these reports as its main evaluation tool for assessing the substance of planning, program and fiscal activities. The Council has requested A 95 Review for all relevant state plans and will also participate in such review.

This year the Council set new priorities for awarding grants. This has helped greatly in correcting problems identified in last year's granting process.

Agency self evaluation is used by the Council to monitor and evaluate aspects of service delivery, such as, deinstitutionalization and advocacy. It is also used as a basis for the year-to-year planning and development of new services for the developmentally disabled.

5.4.1 Evaluation Strategy and Methods

The DD Division has developed a contract monitoring system. One new provision in the law is that the DD Division provide quarterly reports to the Council covering planning, program, and fiscal activities. The Council plans to use the Division's report which will reflect not only the information required by law but information from the contract monitoring system reflecting the cases of individual clients. This will be the main evaluation tool.

Regional councils are mandated to perform an annual evaluation of services, by law, and send a written report to the State Council annually. The Board of Visitors evaluates services at the institutions. Using these two evaluations, the report from the Division should give the Council adequate information for evaluation.

The Council has also requested of the Governor's Office of Budget and Program Planning that we receive the A 95 (Comment and Review) form for all plans that deal with services to developmentally disabled persons. We have been assured that this will be done. While it is doubtful that the full Council can, in detail, review every applicable state plan, every effort will be made to do so, to the maximum extent possible.

Special emphasis was also placed upon correction of the problems identified in the granting process over the past year. The Council has adopted a comprehensive implementation plan for the awarding of grants. A list of priorities for accepting grants follows. It should be noted that no grants have been awarded by the Council this year as they have changed their requirements for accepting proposals. Priorities for proposals have been developed and they are:

1. A statewide mechanism to provide a continuum of diagnostic and evaluation services for DD individuals.

2. A systematic approach to alternative living arrangements, with emphasis on the development of foster care placements.

3. The development of service programs in counties where none presently exist.

4. Local advocacy programs that will mesh with the statewide program.

5.4.2 Use of Evaluation Information

1. To monitor the effectiveness of community services as means of normalization for DD clients.

2. To monitor the effectiveness of the deinstitutionalization program in moving clients from institutions to community settings.

3. To use as a basis for the planning to development of new services.

4. To utilize as information in systems advocacy programs.

5. To project needs for future legislation.

Evaluation of the effectiveness of the Design for Implementation plan is a major goal for the P & E Committee. It is hoped that in the coming year the Council will be more active in the evaluation of the DFI than it has been in the past.

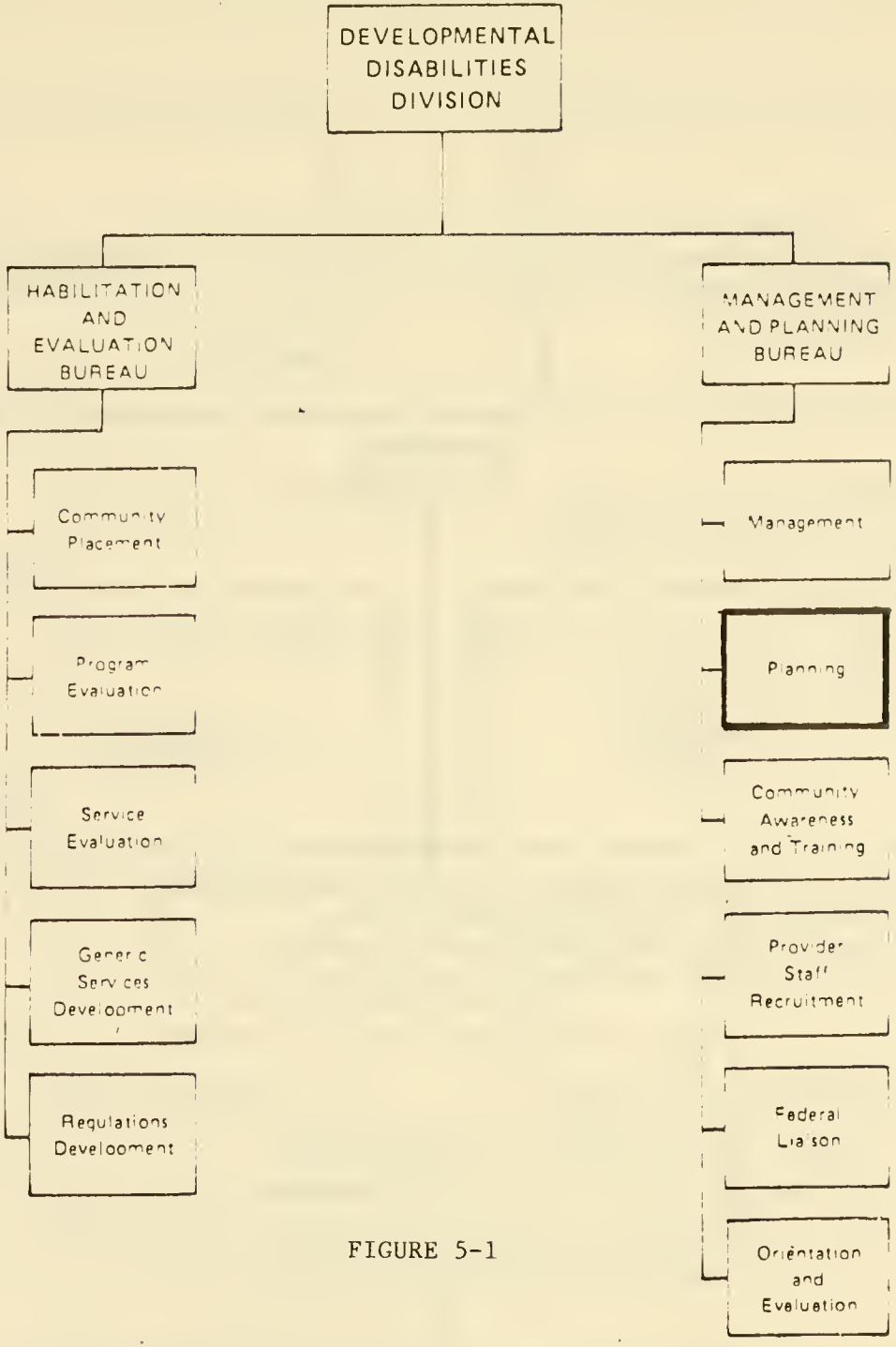
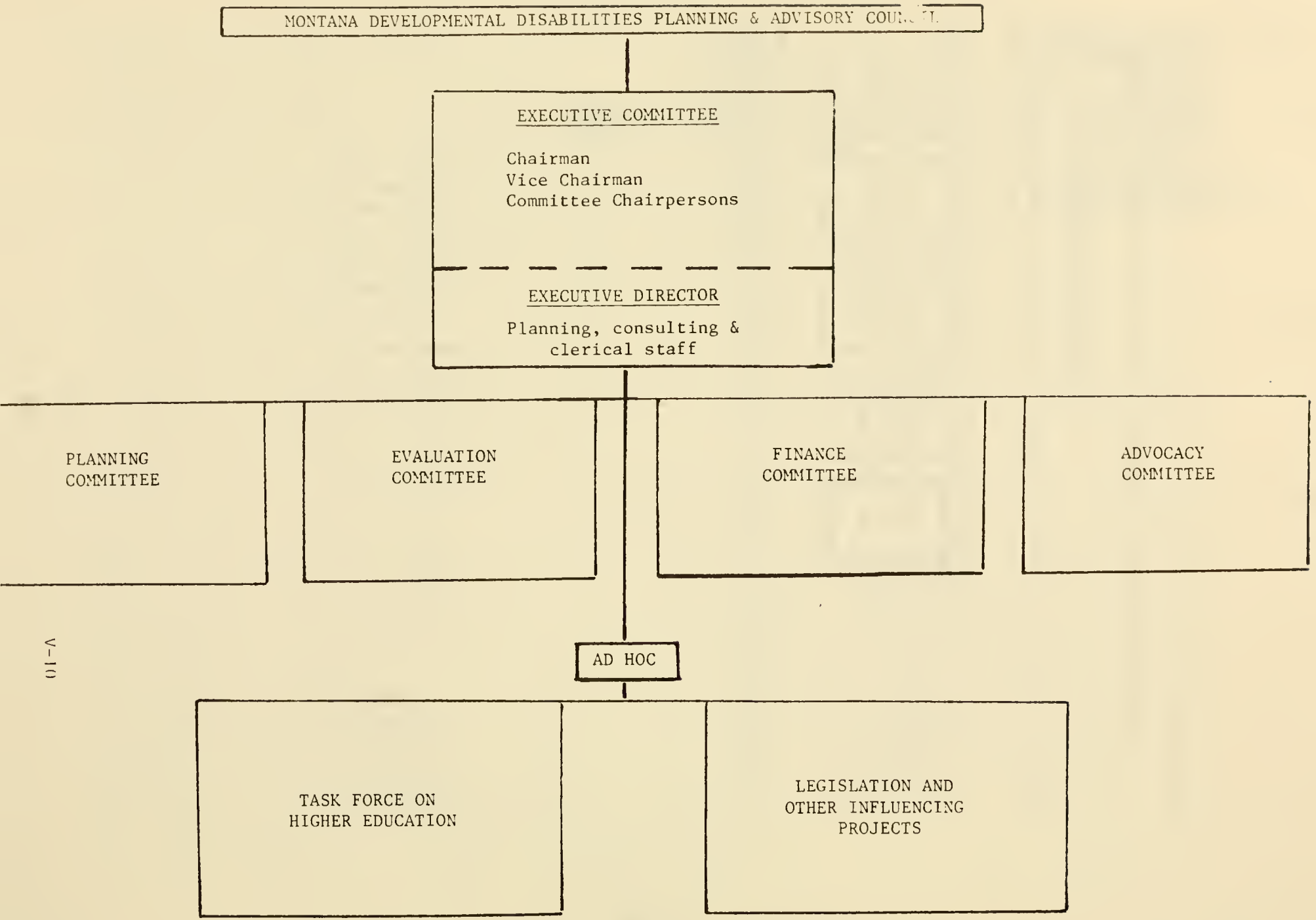


FIGURE 5-1

FUNCTIONAL CHART
Developmental Disabilities Division
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DECEMBER, 1976


MONTANA DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL
EXECUTIVE COMMITTEE
Chairman
Vice Chairman
Committee Chairpersons
EXECUTIVE DIRECTOR
Planning, consulting & clerical staff
PLANNING COMMITTEE
EVALUATION COMMITTEE
FINANCE COMMITTEE
ADVOCACY COMMITTEE
AD HOC
TASK FORCE ON HIGHER EDUCATION
LEGISLATION AND OTHER INFLUENCING PROJECTS

STATE MONTANA
FY ENDING 1978

TABLE 5-1a
COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

A REPRESENTATION OF PRINCIPAL STATE AGENCIES

	NAME & POSITION OF MEMBER 2	NAME & ADDRESS OF STATE AGENCY 3	PERIOD OF APPOINTMENT 4
(1) Education of the Handicapped	William F. Hickey	Office of Superintendent of Public Instruction, 1300-11th Avenue, Helena, MT 59601	Concurrent with Governor's term
(2) Vocational Rehabilitation			
(3) Public Assistance	L.A. (Gus) Hamerlynck, Ed.D.	DD Division, SRS 111 Sanders Helena, MT 59601	
(4) Medical Assistance			
(5) Social Services			
(6) Maternal and Child Health			
(7) Crippled Childrens' Services	Dr. Hendrika Van Drunen	Maternal & Child Health Health & Environmental Sciences Cogswell Building Helena, Montana 59601	
(8) Comprehensive Health			
(9) Mental Health			
(10) Institutional MR Services	Bill Conyard	Boulder River School and Hospital Boulder, MT 59632	
(11) Developmental Disabilities	L.A. (Gus) Hamerlynck, Ed.D.	DD Division, SRS 111 Sanders Helena, MT 59601	
(12) University Affiliated Facilities			
(13) Other (Specify)			

STATE MONTANA

FY ENDING 1978

TABLE 5-1 b

COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

B REPRESENTATION OF OTHER STATE AGENCIES & OTHER LOCAL GOVERNMENTAL GROUPS

NAME & ADDRESS OF AGENCY OR GROUP 1	NAME & POSITION OF MEMBER 2	PROGRAM REPRESENTED 3	PERIOD OF APPOINTMENT 4
State Legislature	Esther Bengtson Representative		1 year
State Legislature	Ann Mary Dussault Representative		1 year
State Legislature	Terry Murphy Senator		1 year
State Legislature	Dr. Stewart A. Olson Senator		1 year

STATE MONTANA

FY ENDING 1978

TABLE 5-1c

COMPOSITION OF STATE PLANNING COUNCIL

C REPRESENTATION OF NON-GOVERNMENTAL ORGANIZATIONS & GROUPS

MEMBER'S NAME & REGULAR OCCUPATION 1	ORGANIZATION NAME & ADDRESS 2	CONSUMER 3	NON CONSUMER 4	PRIMARY CONSTITUENCY MR 5	CP 6	E 7	A 8	OTHER 9	PERIOD OF APPOINTMENT 10
A.A. Zody Businessman	503 South Pearson Glendive, MT 59330	X							4 years
H.P. Brown Retired	3528 Eighth Avenue South Great Falls, MT 59405		X						4 years
Allen P. Hartman, M.D. Physician	The Billings Clinic P.O. Box 2555 Billings, MT 59101		X						6 years
Mike Jakupcak, Ed.D. Special Educator	910 Monroe Missoula, MT 59801		X						6 years
James D. Johnson Attorney	Box 481 Butte, MT 59701		X						6 years
Rudy Koch Retired	2835 Porter Butte, MT 59701		X						4 years
Joey Lillemon Homemaker	900 Fourth Avenue, NW Great Falls, MT 59401	X							6 years
Florence Lucas Homemaker	1443 Jackson Street Missoula, MT 59801	X	X						4 years

STATE MONTANA

FY ENDING 1978

TABLE 5-1c

COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

C REPRESENTATION OF NON-GOVERNMENTAL ORGANIZATIONS & GROUPS

MEMBER'S NAME & REGULAR OCCUPATION	ORGANIZATION NAME & ADDRESS	CONSUMER	NON-CONSUMER	PRIMARY CONSTITUENCY					PERIOD OF APPOINTMENT
				MR	CP	E	A	OTHER	
1	2	3	4	5	6	7	8	9	10
Gary Marbut Businessman	8000 Dark Horse Road Miscoula, MT 59801	x							4 years
JoAnn McLeod Homemaker	3405 Quincy Butte, MT 59701	x							6 years
Phil Russell, Ph.D. Psychologist	Box 104B Columbus, MT 59019		x						6 years
Richard Shields Social Worker	725 Beverly Missoula, MT 59801		x						6 years
Freda Surber Homemaker	Denton, MT 59430	x							4 years
Lee Warren Engineer & Rancher	Box 226 Nashua, MT 59248	x							4 years

STATE MONTANA

FY ENDING 1978

TABLE B-1d
COMPOSITION OF STATE PLANNING COUNCIL

(OMB# 5.1.

D. COUNCIL CHAIRPERSON AND STAFF:

1. Council Chairperson:	A.A. Zody (Name)	503 S. Pearson, Glendive, MT 59330 (Contact Address)	365-2321 (Phone)
2. Executive ~~Planning~~ Director:	Joyce DeCunzo (Name)	1218 E. Sixth, Helena, MT 59601 (Contact Address)	449-3878 (Phone)

3. Other staff positions and related responsibilities are listed below:

Gary Meyers (Name)	Planning Consultant (Title)	1218 E. Sixth, Helena, Montana 59601 (Contact Address)	449-3878 (Phone)
Nancy Lien (Name)	Planner I (Title)	1218 E. Sixth, Helena, Montana 59601 (Contact Address)	449-3878 (Phone)
(Name)	(Title)	(Contact Address)	(Phone)
(Name)	(Title)	(Contact Address)	(Phone)
(Name)	(Title)	(Contact Address)	(Phone)

ATTACHMENT 5.1.1

BYLAWS OF THE MONTANA DEVELOPMENTAL DISABILITIES PLANNING & ADVISORY COUNCIL

ARTICLE I

NAME

The name of the council is Developmental Disabilities Advisory Council, as mandated by Title 71, Chapter 24 of the Revised Codes of Montana, Public Law 94-103, and other appropriate laws.

ARTICLE II

PURPOSE

The Council has been formed to plan, advise, gather information and make recommendations relative to the implementation of both State and Federal statutes affecting the developmentally disabled and the implication of those laws to the State of Montana;

To establish guidelines for the appropriation and distribution of the formula grant for statewide and/or regional programs.

To evaluate existing programs and to assist regional councils in the formulation, evaluation and implementation of their programs.

To investigate and evaluate existing State, Federal and private agencies providing services and facilities to the developmentally disabled in order to aid in their implementation and to make recommendations for the improvement of such programs.

[illegible] programs and facilities for the developmentally disabled citizens of the State of Montana.

To improve communications and implementation of programs between and among the agencies serving the developmentally disabled.

To formulate and implement a comprehensive statewide program for the developmentally disabled with particular emphasis upon the interaction and programs in the various regions.

ARTICLE III

MEMBERSHIP AND MEETINGS

Section 1. MEMBERS. - Membership on the Council shall be as provided by law. Members shall serve their appointed terms at the pleasure of the Governor.

Section 2. MEETINGS. - Council meetings shall be held as frequently as possible to conduct the business of the Council, but in no event shall there be fewer than four (4) meetings per year. Members are expected to attend each of the scheduled meetings of the Council, and there shall be no more than three (3) unexcused absences from attendance at the general meetings of the Council. After three (3) such absences, the Executive Committee shall recommend to the Governor that such member be replaced.

[illegible] be sent by mail to the entire membership by the Executive Director at least ten (10) days in advance of any meeting.

Section 4. QUORUM. - A quorum shall consist of at least 50% of the members for the transaction of business. Upon prior notification made to the Executive Director and with the approval of the Regional Chairperson, the Regional Councils may send an alternate delegate to the Council meetings.

Section 5. ELECTION OF OFFICERS. - In accordance with Section 82A-110, R.C.M. 1947, the officers shall be elected at the first meeting of each year. Officers shall consist of the Chairperson and Vice-chairperson, at least one of whom shall be a representative of consumers. Each office shall be filled by a majority vote of the members present. In the event of a vacancy of the Vice-chairperson, the Council may select a successor.

Section 6. CONDUCT OF MEETINGS. - The chairperson shall preside at all meetings and all meetings shall be conducted in accordance with Robert's Rules of Order.

ARTICLE IV

EXECUTIVE COMMITTEE

Section 1. COMPOSITION. - The Executive Committee shall be comprised of the Chairperson and a representative

appointed by the Chairperson from each of the four standing committees. The Vice-chairperson shall be an ex officio member of the Executive Committee and shall assume the duties of the Chairperson in the latter's absence. In the event of a tie vote, the Vice-chairperson shall be entitled to vote.

Section 2. GENERAL POWERS. - All of the affairs of the Council shall be managed by the Executive Committee subject to such policies and directions as may be determined by the membership at any regular meeting.

Section 3. TENURE. - The Executive Committee shall be appointed by the Chairperson at the beginning of each year, and the members of the Executive Committee shall serve as such during the year of their appointment to the Council. If any officer or committee representative, before the end of his term on the Executive Committee, ceases to be a member of the Council, he shall also cease to serve as a member of the Executive Committee and shall be replaced by the Chairperson for the duration of the term. If the office of the chairperson shall become vacant, it shall be immediately filled by the Vice-chairperson.

Section 4. MEETINGS. - Meetings shall be held at such time and place and in such manner as the Chairperson shall designate, or at the request of a majority of the members of the committee. Minutes of the meetings of the Executive Committee shall be prepared by the Executive Director, or such other person as the Chairperson shall designate, and shall be sent to the Council membership as soon as possible after the committee meeting is held.

Section 5. QUORUM. - A majority of the Executive Committee shall constitute a quorum for the transaction of business, and a majority of those voting shall carry any issue.

Section 6. COMMITTEES. - The Executive Committee shall have the authority to create such committees for such purposes and periods of existence as it sees fit. It may delegate to the Chairperson the power to select committee members from among the membership of the Council.

Section 7. EMPLOYEES. - The Executive Committee shall have the authority to recommend to the full membership of the Council, the employment of such personnel as may be necessary to carry out the purposes of the Council and to implement the will of the Council in this regard.

Section 8. FISCAL POLICY. - All fiscal affairs of the Council shall be conducted by the Executive Committee in accordance with the laws of the State of Montana.

ARTICLE V

OFFICERS AND DUTIES

Section 1. The officers of the Council shall be the Chairperson and the Vice-chairperson, selected in accordance with these bylaws.

Section 2. DUTIES OF OFFICERS GENERALLY. - The duties of the officers shall be such as usually attach to such offices and, in addition thereto, such further duties as may be delegated from time to time by the Executive Committee and the Council.

Section 3. AUTHORITY OF OFFICERS. - The officers of the Council shall have the following duties:

a. The Chairperson. The Chairperson may sign and execute documents or instruments in the name of the Council as authorized by the Executive Committee, except in cases where the signing and execution thereof shall be expressly delegated by the Executive Committee. The Chairperson may delegate his/her duties if necessary. He/she shall perform the usual duties of the presiding officer at all meetings of the Council and the Executive Committee.

b. The Vice-Chairperson. The Vice-chairperson shall perform such duties as may be assigned by the Chairperson or the Executive Committee and shall assume the office of the Chairperson in the event it is vacated and shall perform the duties and be vested with all the powers and duties of the Chairperson in case of the latter's temporary disability or absence. The Vice-chairperson shall also perform such other duties as are provided by these bylaws.

Section 4. MINUTES AND RECORDS OF THE COUNCIL AND EXECUTIVE COMMITTEE. - The minutes of the Council meetings, the Executive Committee and any committee having authority under the Executive Committee shall be maintained by the Executive Director, who shall distribute these minutes to the membership. The Executive Director shall further cause

notice of meetings to be distributed, as required by these bylaws; shall maintain the records of the Council, and shall perform such other duties as the Council or the Executive Committee may direct.

ARTICLE VI

BOOKS, RECORDS AND PUBLICATIONS

The Council shall keep such records as may be necessary to the transaction of its business, and shall also keep minutes of the meetings of its membership, the Executive Committee and other committees having authority under the Executive Committee. All records of the Council may be inspected by any member, or his agent or attorney for any proper purpose at any reasonable time. The books, records and minutes of the Council are available for public inspection in accordance with the laws of the State of Montana, Minutes of all meetings of the Council, Executive Committee and the committees having authority under the Executive Committee shall be distributed by the Executive Director as provided in these bylaws.

ARTICLE VII

AMENDMENTS

These bylaws may be altered, amended or repealed and new bylaws may be adopted by a vote of two-thirds of the membership present and voting at any meeting of the membership,

provided that at least ten (10) days notice is given prior to such meeting of the intention to alter, amend or repeal, or to adopt new bylaws at such meeting.

ARTICLE VIII

SEVERABILITY

In the event that any provision of these bylaws is determined to be in violation of any law of the United States or the Laws of the State of Montana, or in the event that any such provision is deemed contrary to the laws of the United States, the State of Montana or the regulations of an authorized agency under the United States or the State of Montana, the remaining portions of these bylaws shall remain in full force and effect.

ARTICLE IX

STANDING COMMITTEES

There shall be four (4) Standing Committees whose names and their duties shall be as follows:

The Planning & Evaluation Committee is responsible for the development and update of a comprehensive State plan based upon the plans submitted by the 5 Regional Councils and the information collected by this and other study committees. In addition this committee shall make recommendations regarding the Review and Comment on state plan of all state agencies serving the developmentally disabled and shall

review evaluation procedures for developmental disabilities programs. This committee shall also perform other duties as may be assigned by the Executive Committee from time to time.

The Information and Liaison Committee is responsible for assessing the inter and intra agency cooperation and coordination and for making recommendations that will improve the accessibility and availability of services to the developmentally disabled. In addition this committee is responsible for the dissemination of information to the general public regarding the needs of developmentally disabled people. This committee shall also perform other duties as may be assigned by the Executive Committee from time to time.

The Program Strategies Committee is responsible for the development of recommendations for projects to be funded under the formula grant which will initiate, link, enhance or make more assessible needed components of a set of comprehensive services for the developmentally disabled. In addition, this committee shall prepare recommendations directed to all or any state agencies for the improvement of the delivery of Services. This committee shall also perform other duties as may be assigned by the Executive Committee from time to time.

The Resources Utilization Committee is responsible for the examination and investigation of all phases of available disabilities resources of both public and private agencies

[illegible] and outside the State. It shall make recommendations [illegible] improvement of resources and utilization. This committee shall also perform other duties as may be assigned by the Executive Committee from time to time.

The Executive Director will assist the committee chairpeople and attend committee meetings when possible.

The Council Chairperson is an ex officio member of all committees.

GRANT PRIORITIES

Priorities for proposals have been developed and they are:

1. A state-wide mechanism to provide a continuum of diagnostic and evaluation services for DD individuals.

2. A systematic approach to alternative living arrangements, with emphasis on the development of foster care placements.

3. The development of service programs in counties where none presently exist.

4. Local advocacy programs that will mesh with the state-wide program.

ATTACHMENT 5.3.3 HOUSE BILL 772

The purpose of including this bill in the Montana DD State Plan is solely for the information of Council members. By including it here it is easily accessible to them and as well to anyone else who might be interested in its content.

This bill was originally passed in 1974 as H.B. 412. Its general purpose was to set up the organization of DD services, delegating responsibility to the state and regional councils to advise the Department of Social and Rehabilitation Services, other state agencies, councils, local governments and private organizations on programs for services to the developmentally disabled.

It was amended in 1975 and again in 1977. It stands now as H.B. 772. The majority of changes have been technical, leaving its general purpose much the same as it was in 1974.

ATTACHMENT 5.3.3

HB 0772/06

HOUSE BILL NO. 772

INTRODUCED BY DUSSAULT, BENGTSON

A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE THE MONTANA DEVELOPMENTAL DISABILITIES SERVICES AND FACILITIES ACT OF 1974; TO BRING THE DEFINITION OF "DEVELOPMENTAL DISABILITIES" INTO CONFORMITY WITH FEDERAL GUIDELINES; TO CHANGE THE ADVISORY COUNCIL TO A PLANNING AND ADVISORY COUNCIL, TO DELINEATE THE TERMS OF ITS MEMBERS, AND TO AUTHORIZE IT TO ELECT ITS OWN OFFICERS; TO BROADEN THE DUTIES OF THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, THE PLANNING AND ADVISORY COUNCIL, AND THE REGIONAL COUNCILS; TO EXTEND THE PROVISIONS FOR INTERDEPARTMENTAL COOPERATION AND TRANSFER OF FUNDS WITH RESPECT TO DEVELOPMENTAL DISABILITY PROGRAMS; TO AMEND SECTIONS 71-2402, 71-2403, 71-2404, 71-2406, 71-2407, AND 71-2414, R.C.M. 1947; TO REPEAL SECTION 9, CHAPTER 239, LAWS OF 1975; AND TO PROVIDE EFFECTIVE DATES."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 71-2402, R.C.M. 1947, is amended to read as follows:

"71-2402. Definitions. As used in this act chapter, the following definitions apply:

(1) "Department" means the department of social and rehabilitation services.

(2) "Developmental disabilities" means disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping conditions condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals, ~~when condition~~ if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and constitutes a substantial handicap of ~~such individuals~~ the person.

(3) "Developmental disabilities facility" means any service or group of services offering care to the developmentally disabled on an inpatient, outpatient, residential, clinical, or other programmatic basis.

(4) "Comprehensive developmental disability system" means a system of services including, but not limited to, the following basic services with the intention of providing alternatives to institutionalization:

(a) evaluation services;

(b) diagnostic services;

(c) treatment services;

(d) day care services;

(e) training services;

(f) education services;

(g) employment services;

(m) recreation services;

(n) personal care services;

(o) domiciliary care services;

(p) special living arrangements services;

(q) counseling services;

(r) information and referral services;

(s) follow-along services;

(t) protective and other social and sociolegal services; and

(u) transportation services.

(5) "PLANNING AND ADVISORY COUNCIL" MEANS THE DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL CREATED IN 71-2406."

Section 2. Section 71-2403, R.C.M. 1947, is amended to read as follows:

"71-2403. Responsibilities of department. The department shall:

(1) take cognizance of matters affecting the developmentally disabled citizens of the state;

(2) initiate a preventive developmental disabilities program which program shall include, but not be limited to, the implementation of developmental disabilities care, and treatment, and prevention, and research as can best be accomplished by community centered services. Every means shall be utilized to initiate and operate such the service

program in cooperation with local agencies, under the provisions of sections 71-2405 and 71-2407 of this act chapter.

(3) promote scientific and medical research investigations relative to the incidence, cause, prevention, and care of developmental disabilities;

(4) collect and disseminate information relating to developmental disabilities;

(5) prepare, with the advice assistance of the planning and advisory council, created under section 71-2406, an annual comprehensive plan for the initiation and maintenance of developmental disabilities services in the state. Such The services shall include, but not be limited to, community comprehensive developmental disabilities services as referred to in section 71-2402.

(6) provide to the planning and advisory council a written quarterly report of planning, programs, and fiscal activities of the department in regard to community-based services for the developmentally disabled;

(6)(7) provide by regulation rule for the evaluation of persons who apply for services, or persons admitted into a program at a developmental disability facility;

(7)(8) provide state personnel to assist regional councils provided for in section 71-2407; and

(8)(9) receive from agencies of the government of the

United States and other [illegible] persons or groups of persons, associations, firms, or corporations, grants of money, gifts, supplies, materials, and contributions to initiate and train in developmental disabilities services within the state.

Section 5. Section 71-2406, R.C.M. 1947, is amended to read as follows:

"71-2406. Rules and regulations. (1) The department shall [illegible] prescribe, adopt, promulgate, and enforce any rules and regulations [illegible] for programs developed [illegible] and services [illegible] ADMINISTRATION OF THIS ACT.

(2) THE DEPARTMENT SHALL ADOPT RULES FOR STANDARDS FOR DEVELOPMENTALLY DISABLED [illegible] AND OF THE PHYSICAL [illegible] FOR REHABILITATION FACILITIES. THE RULES SHALL BE minimum standards for [illegible] and [illegible] appropriate qualifications and compensation scales for personnel policies for persons employed in such programs.

(3) All developmental disabilities facilities and services shall comply with existing federal regulations and with requirements which will [illegible] the services and facilities to qualify for available funds. However, nothing herein shall apply [illegible] from the

necessity--for SCREEN REQUIRES facilities serving the developmentally disabled to meet the same or equal standards as licensed medical facilities, unless the developmental disabilities facility is providing professional or skilled medical care.

(4) The department shall adopt rules IN COOPERATION WITH THE BOARD OF NURSING for cooperation with the [illegible] nursing [illegible] properly trained staff [illegible] of a facility [illegible] service to developmentally disabled [illegible] and [illegible] may assist in the administration of [illegible] to ANY SUPERVISE a client of the facility IN TAKING [illegible] if the medication is normally USUALLY self-administered and if a physician has prescribed the assistance."

Section 6. Section 71-2406, R.C.M. 1947, is amended to read as follows:

"71-2406. Advisory Planning and advisory council. (1) The governor shall appoint a developmental disabilities planning and advisory council in accordance with section 624 of THE PROVISIONS OF THIS SECTION.

(2) The council is composed of twenty-one 21 22 members appointed or reappointed annually by the governor and consists of the following:

(a) the directors of the departments of social and rehabilitation services, health and environmental sciences,

and institutions, or their designees;

(b) the superintendent of public instruction or a designee;

(c) one ~~(1)~~ recognized private professional in each discipline of medicine, law, psychology, and social work, AND SPECIAL EDUCATION;

(d) two members of the state senate;

(e) two members of the state house of representatives;

(f) four ~~(4)~~ consumers or representatives of consumers or consumer organizations in the discipline of developmental disabilities; and

(g) one ~~(1)~~ member of each of the five ~~(5)~~ regional councils provided for in 71-2407, who shall also be consumers or representatives of consumers or consumer organizations in the discipline of developmental disabilities.

(3) (a) Each member or his designee who serves on the council pursuant to subsections (2)(a) or (2)(b) of this section shall serve for a term concurrent with his respective term as a director or the superintendent of public instruction, as the case may be. Upon his removal from office, his or his designee's term as a member of the council is automatically terminated and his successor in office or his successor's designee is automatically a member of the council.

(b) Each member who serves on the council pursuant to subsections (2)(d) or (2)(e) of this section shall be appointed or reappointed annually by the governor.

(c) Seven EIGHT of the members serving on the council pursuant to subsections (2)(c), (2)(f), or (2)(g) of this section shall be appointed by the governor to serve for terms concurrent with the gubernatorial term and until their successors are appointed. The remaining six members serving on the council shall be appointed by the governor to serve for terms ending on January 1 of the third year of the succeeding gubernatorial term and until their successors are appointed.

(4) The council may elect from among its members the officers necessary for the proper management of the council.

(5) THE COUNCIL MAY ADOPT RULES GOVERNING ITS OWN ORGANIZATION AND PROCEDURES.

(6) A MAJORITY OF THE MEMBERS OF THE COUNCIL CONSTITUTES A QUORUM FOR THE TRANSACTION OF BUSINESS.

(7) THE COUNCIL MAY EMPLOY AND FIX THE COMPENSATION AND DUTIES OF NECESSARY STAFF.

(8) A COUNCIL MEMBER, UNLESS HE IS A FULL-TIME SALARIED OFFICER OR EMPLOYEE OF THIS STATE OR ANY OF THE POLITICAL SUBDIVISIONS OF THIS STATE, IS ENTITLED TO BE PAID IN AN AMOUNT TO BE DETERMINED BY THE COUNCIL, NOT TO EXCEED $25 FOR EACH DAY IN WHICH HE IS ACTUALLY AND NECESSARILY

ENGAGED IN THE PERFORMANCE OF COUNCIL DUTIES. A COUNCIL MEMBER IS ALSO ENTITLED TO BE REIMBURSED FOR TRAVEL EXPENSES INCURRED WHILE IN THE PERFORMANCE OF COUNCIL DUTIES, AS PROVIDED FOR IN 59-538, 59-539, AND 59-801. MEMBERS WHO ARE FULL-TIME SALARIED OFFICERS OR EMPLOYEES OF THIS STATE OR ANY POLITICAL SUBDIVISIONS OF THIS STATE ARE NOT ENTITLED TO BE COMPENSATED FOR THEIR SERVICE AS MEMBERS BUT ARE ENTITLED TO BE REIMBURSED FOR TRAVEL EXPENSES, AS PROVIDED FOR IN 59-538, 59-539, AND 59-801.

~~(3)~~ (2) The advisory council shall:

(a) advise the department, other state agencies, councils, local governments, and private organizations on programs for services to the developmentally disabled;

(b) develop a plan for a statewide system of community based services for the developmentally disabled; and

(c) serve in any capacity required by federal law for the administration of federal programs for services to the developmentally disabled.

~~(4)~~ (3) The advisory council is allocated to the department FOR ADMINISTRATIVE PURPOSES ONLY AND, UNLESS INCONSISTENT WITH THE PROVISIONS OF THIS SECTION, THE PROVISIONS OF 2-15-108 APPLY."

Section 5. Section 71-2407, R.C.M. 1947, is amended to read as follows:

"71-2407. Regional councils. (1) The department shall

approve a citizens' organization as a regional council for each of the following five ~~(5)~~ regions:

(a) Region one, consisting of Phillips, Valley, Daniels, Sheridan, Roosevelt, Garfield, McCone, Richland, Dawson, Prairie, Wibaux, Treasure, Rosebud, Custer, Fallon, Powder River, and Carter Counties;

(b) Region two, consisting of Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Chouteau, and Cascade Counties;

(c) Region three, consisting of Judith Basin, Fergus, Petroleum, Wheatland, Golden Valley, Musselshell, Sweet Grass, Stillwater, Yellowstone, Big Horn, and Carbon Counties;

(d) Region four, consisting of Powell, Lewis and Clark, Granite, Deer Lodge, Silver Bow, Jefferson, Broadwater, Meagher, Beaverhead, Madison, Gallatin, and Park Counties; and

(e) Region five, consisting of Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli Counties.

(2) Under guidelines adopted by the department, a citizens' organization approved by the department shall be broadly representative of the region and at least one-third ~~(1/3)~~ one-third of its members shall be consumers or representatives of consumers or consumer organizations in the discipline of developmental disabilities.

(3) A citizens' organization shall be approved under procedures and rules adopted by the department.

(4) A regional council member, who is not a full-time employee of the state or of a county, is entitled to be reimbursed in an amount to be determined by the department, not to exceed ~~twenty-five--dollars--($25)~~, for each day actually and necessarily engaged in the performance of board duties, and for travel as provided in section 59-801.

(5) A regional council shall:

(a) make an annual written review and evaluation of needs and services within the region and provide a copy of the review and evaluation to the planning and advisory council;

(b) advise the department, other state agencies, councils, local governments, and private organizations on programs for services to the developmentally disabled within the region; and

(c) develop a plan for a system of community based services for the developmentally disabled within the region and provide a copy of the plan to the planning and advisory council."

Section 6. Section 71-2414, R.C.M. 1947, is amended to read as follows:

"71-2414. Departments to cooperate. (1) The department of institutions, the department of social and rehabilitation

services, the department of health and environmental sciences, and ~~offices~~ the office of superintendent of public instruction, shall cooperate on all aspects of each agency's respective programs for the developmentally disabled.

(2) Funds appropriated to the department of institutions, and Warm Springs state hospital, Galen state hospital, or Boulder ~~river~~ River school and hospital for ~~programs---for---the---developmentally---disabled~~ may be transferred, by ~~budget---amendment---as---provided----in~~ appropriation acts and with the approval of BUDGET AMENDMENT AS PROVIDED IN APPROPRIATION ACTS AND WITH THE APPROVAL OF the governor, to the department of social and rehabilitation services for comprehensive developmental disability systems, ~~if there is a significant--reduction--in residents at--the Boulder--river--school--and-hospital-which-results~~ of any of those institutions are transferred to a comprehensive developmental disability system resulting in less expenditures at that institution than allowed by legislative appropriation.

~~(3)--Funds-appropriated-to-the-department-of-social-and rehabilitation--services--for--comprehensive---developmental disability--systems--may-be-transferred-by-budget-amendment as-provided-in-appropriation-acts-and-with-the--approval--of the--governor--to--Boulder-river-school-and-hospital-if-the number-of-residents-at-that-institution-is-not-significantly~~

reduced by the provision of services by the department under this chapter."

Section 7. Repealer. Section 9, Chapter 239, Laws of 1975, is repealed.

Section 8. Effective dates. Sections 1 through 6 of this act are effective on July 1, 1977. Section 7 of this act is effective on passage and approval of this act.

-End-

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SECTION VI

DEVELOPMENTAL DISABILITIES SERVICE

NETWORK PLAN

SECTION VI

DEVELOPMENTAL DISABILITIES SERVICE NETWORK PLAN

This section of the State Plan described the long range goals and objectives for the DD service network and the plan year objectives and activities.

6.1 LONG RANGE GOALS AND OBJECTIVES FOR THE DD SERVICE NETWORK

A number of agencies were unable to furnish current information due to conflicting fiscal year dates and time constraints. However, the Council has had input into the development of service network goals and objectives and these can be studied in detail in the narratives and tables included in this section. The following long-range goals have been established for the Montana DD Service Network (including the Council):

To assist in the development of a standardized format for establishing a system to identify and track the developmentally disabled population through various services and, as a consequence, to establish a data base.

To identify, plan and prioritize programs to meet the needs of the developmentally disabled population.

To improve evaluation and monitoring of state and local services and programming.

To identify, stimulate and influence community generic services to become further involved in providing services to help reduce service gaps.

To influence the community, including the legislative members, to acquire more understanding and knowledge of services and to support those which meet the needs of the developmentally disabled individual.

The Council will begin activities related to each goal immediately. The very nature of the goals demands an ongoing plan to evaluate and influence all agencies and the public in order for developmentally disabled citizens to receive services which are of high quality. It is imperative that the Council maintain long range goals that are valid and that have the flexibility to serve the developmentally disabled population. Table 6-1 reflects these long range goals in the form of three or five year objectives. It also cites goals and objectives for the plan year.

6.1.1 Recommended Goals and Objectives for the DD Service Network Agencies

Montana is aware that it has a number of very critical service gaps, and the ultimate long range goal is the amelioration of these gaps. This past year a needs assessment was conducted by each DD regional council to determine specific problem areas and establish goals and objectives as a part of a process

for at least reducing the intensity of the gaps. Briefly, the recommended goals for the DD service network agencies and Council are:

To develop a full range of appropriate services for the developmentally disabled in all regions, including supportive services, respite care and the capability to advise on all programs for the developmentally disabled.

Measurable plan year objectives include: the design and preliminary implementation of the DD/MAP (Montana Advocacy Program); the development of a DD instructional materials library; the design of the Montana Influencing Project; the establishment of a better system of family services; smoother transitional capability from one service to the next; the preparation of guidelines for the administration of all regional training programs; a better system of program monitoring and the development of programs for those graduating from special education programs.

The expected effect of these goals and objectives on the scope, extent and quality of services to the developmentally disabled will provide, once implemented, a more comprehensive array of services in Montana. Montana is particularly interested in upgrading service delivery in all regions, as reflected in the needs assessment in Section IV. The special projects to be taken on by the DDPAC in the areas of influencing, advocacy and information development relate well to both agency goals and the elimination of the identified gaps as well as the broader national and state priorities.

6.1.2 Long Range Goals of the DDPAC

As can be seen from Table 6-1, the recommended long range goals and objectives for the DDPAC are similar to those for the entire service network. These are:

To assist in the development of a standardized format for establishing a system to identify and track the developmentally disabled population through various services and, as a consequence, to establish a data base.

To identify, plan and prioritize programs to meet the needs of the developmentally disabled population.

To improve evaluation and monitoring of state and local services and programming.

To identify, stimulate and influence community generic services to become further involved inproviding services to help reduce service gaps.

To influence the community, including the legislative members, to acquire more understanding and knowledge of services and to support those which meet the needs of the developmentally disabled individual.

In February of this year, the Council established twelve general areas of priority for the DD service network. These are contained in Table 6-1 and Paragraph 6.2.2. The Council did not participate in any formal process of

prioritizing specific goals and objectives for this year. In the coming year the Council will reexamine its priorities and identify more specific goals and objectives. The Council does, however, recognize the national/state priorities of deinstitutionalization, development of community services, institutional reform, public education/awareness, adult care and advocacy. These are reflected in the goals, objectives, and activities in Tables 6-1 and 6-2. It should be noted that some goals and objectives in these tables have been inferred from the statements of needs assessment in Section IV. It is anticipated that in the coming year the process of setting more specific goals and objectives will receive more attention, as well that of prioritization.

6.2 PLAN YEAR OBJECTIVES AND ACTIVITIES

As can be seen from Talbe 6-2 the Council has a number of important plan year objectives and activities for itself as well as recommended ones for the entire DD service network. These relate directly to the goals. They also relate to national and state program goals; such as, deinstitutionalization, institutional reform, community alternatives, prevention and early intervention, adult programs, public awareness/education, protection and advocacy, information systems and person power development, and special minority group services.

Some of the more important objectives are: the design and implementation of the DD/MAP, the Montana Influencing Project and the improvement of all DD services across the five state regions through evaluation and improvement of the already existing services in addition to the development of new services.

6.2.1 Recommended Objectives and Activities for the DD Service Network Agencies for the Plan Year

Table 6-3, the Design for Implementation (DFI), gives a detailed analysis of plan year objectives, their relation to Council, DD service network, national and state program goals, and a brief description of the project. The bulk of these objectives contain specific activities for the improvement of services for all developmentally disabled persons in the five regions of the state of Montana. At this time Table 6-4 cannot be completed as specific activities and funds for construction projects have not been determined.

6.2.2 DD Planning Council Objectives and Activities for the Plan Year

At a Council meeting held in February of this year, the Council came up with the following objectives and activities for the current plan year through a "nominal process workshop." Twenty-five categories were established and then combined to produce twelve broad topics translatable into goals. The Council's goals, in order of priority, are:

1. Implementation of a statewide advocacy program.

2. Development of a system of planning, to include needs assessment, goals, identification of gaps and development of objectives.

3. Further role clarification of Council-agency relationship.

4. Coordination of activities to include communications, cooperation and consolidation of decisions and resources.

5. A system of evaluation and monitoring.

6. Increased communication between state and regional councils.

7. Resource development.

8. Clarification of training needs.

9. Public education.

10. The support of innovative research and grants.

11. A system to identify and serve clients.

12. Evaluation of impact of the DD system on society.

These can be seen in Table 6-1.

Table 6-1 reflects the carrying out of these priorities for the Council, as well as the entire DD service network.

6.2.3 Special Program Objectives and Activities for the Plan Year

The Montana DD Council was designed by the Governor to be the planning agency for the P and A system proscribed by the Regulations. The first suggestion of the plan is that the responsibility for implementation also be designated to the Council. If this occurs, the P & A system or DD/MAP (Montana Advocacy Program) will be a major special activity of the Council. This project corresponds to the national/state priorities geared toward advocacy, and to he DDPAC goal of implementing a statewide advocacy program as shown in Table 6-1.

Under consideration for possible action is the maintenance of a rather large DD instructional materials library. This would be a contracted activity with the DD Division. This activity corresponds to the national/state priorities of public education/awareness and to the DDPAC goal of public education. It will also enhance the relationship between the Council and the Division of Developmental Disabilities.

The Council will be working with EMC Institute on a special program designed to improve the Council's influencing capabilities. The specific goals and objectives for this project will not be decided on until October 1977. This program relates to the overall national/state and Montana goals of improving the provision of services to all developmentally disabled.

Table 6-5 summarizes this paragraph. Because these projects are in the earliest phases of planning, they have been given only general attention in the table. Specific descriptions of the project and budget breakdown will be included in next year's plan. However, the Council will begin planning these programs almost immediately.

TABLE 6-1
RECOMMENDED GOALS AND OBJECTIVES FOR THE MONTANA DDPAC

(DDSP 6.1.1 & 6.1.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRIORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRIORITY NO 4	DESCRIPTION 5	PRIORITY NO 6	DESCRIPTION 7
	Council	Devise an ongoing plan to evaluate and influence all agencies and the public in order for developmentally disabled citizens to receive services which are of high quality through:		To assist in the development of a standardized format for establishing a system to identify and track the developmentally disabled population through various services and, as a consequence, to establish a data base.		
1		Implementation of a statewide advocacy program.				
2		Development of a system of planning, to include needs assessment, goals, identification of gaps & development of objectives.		To identify, plan and prioritize programs to meet the needs of the developmentally disabled population.		
3		Further rule clarification of Council-agency relationship.				
4		Coordination of activities to include communications, cooperation and consolidation of decisions and resources.		To improve evaluation and monitoring of state and local services and programming.		
5		A system of evaluation and monitoring.		To identify, stimulate, and influence community generic services to become further involved in providing services to help reduce service gaps.		
6		Increased communication between state and regional councils.				
7		Resource development.				
8		Clarification of training needs.				
9		Public education.				
10		The support of innovative research and grants.				

TABLE 6-1

RECOMMENDED GOALS AND OBJECTIVES FOR THE MONTANA DDPAC

(DDSP 6.1.1 & 6.1.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRIORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRIORITY NO. 4	DESCRIPTION 5	PRIORITY NO. 6	DESCRIPTION 7
11		A system to identify and serve clients.		To influence the community, including the legislative members, to acquire more understanding & knowledge of services and to support those which meet the needs of the developmentally disabled individual.		
12		Evaluation of impact of the DD system on society.				
	DDPAC	To adhere to the nationally recognized goal of advocacy for the DD by implementing an advocacy program in Montana.				Design and begin implementation of the DD/MAP (Montana Advocacy Program).
	DDPAC DDD	To increase the availability of information regarding DD to all people in the state of Montana.				Develop a DD instructional materials library.
	DDPAC	To improve the Council's influencing capabilities.				Design Montana Influencing Project.

TABLE 6-1
RECOMMENDED GOALS AND OBJECTIVES FOR THE SERVICE NETWORK

(DDSP 6.1.1 & 6.1.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRIORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRIORITY NO 4	DESCRIPTION 5	PRIORITY NO 6	DESCRIPTION 7
		To have developed a full range of appropriate services for the developmentally disabled people of Region I (by June 30, 1979).		To assist in the development of a standardized format for establishing a system to identify and track the DD population through various services and, as a consequence, to establish a data base. To identify, plan and prioritize programs to meet the needs of the DD population. To improve evaluation and monitoring of state and local services and programming. To identify, stimulate, & influence community generic services to become further involved in providing services to help reduce service gaps. To influence the community, including the legislative members, to acquire more understanding and knowledge of services and to support those which meet the needs of the DD individual.		Establish a system of family services to assure that the needs of DD children & youth will be met within the community to prevent institutionalization.

TABLE 6-1

RECOMMENDED GOALS AND OBJECTIVES FOR THE SERVICE NETWORK

(DDSP 6.1.1 & 6.1.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRIORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRIORITY NO 4	DESCRIPTION 5	PRIORITY NO 6	DESCRIPTION 7
				Reinforce existing community based services. Explore the feasibility & facilitate development of appropriate programs.		
	Region I Council DDD	To have developed the appropriate supportive services for the developmentally disabled people of Region I.		Provide for the coordination of all community services for DD people. Provide for smooth transition from one service system to another. Promote the establishment of the needed supportive services; i.e., physical therapy, speech therapy, occupational therapy.		
	Region I Council	To develop the capability to advise all programs for the developmentally disabled people of Region I.				Prepare guidelines for the administration of all regional training programs.
	Region II Council DDD	Improve the service delivery system to the developmentally disabled in Region II.				
	MCH Bureau			Improve early intervention programs.		
	MCH Bureau DDD DDPAC			Establish region-wide medical and diagnostic services.		

TABLE 6-1
RECOMMENDED GOALS AND OBJECTIVES FOR THE SERVICE NETWORK

(DDSP 6.1.1 & 6.1.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRIORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRIORITY NO. 4	DESCRIPTION 5	PRIORITY NO 6	DESCRIPTION 7
	DDPAC Voc.Rehab.			Improve VR and other related agencies in expansion of job placement services.		
	All Reg. Councils DDPAC DDD					Engage in a more concise program of monitoring.
	DDD			Investigate and eliminate service gaps.		
	DDD					Expand respite care program.
	DDD DDPAC			Expand least restrictive residential programs in rural areas.		
				Establish regional I&R centers.		
				Build an intermediate care facility for DD's.		
	DDD					Employ a region-wide recreation coordinator.

TABLE VI-1

RECOMMENDED GOALS AND OBJECTIVES FOR THE SERVICE NETWORK

(DDSP 6.1.1 & 6.1.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRIORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRIORITY NO 4	DESCRIPTION 5	PRIORITY NO 6	DESCRIPTION 7
	Reg. III Council DDD	Improve service delivery to DD persons in Region III by devising a plan to eliminate the various gaps and improve the information base in the area of service needs of DD's on the Crow Indian Reservation.		Develop and implement a plan to eliminate gaps in: VR Services Residential Services Transportation Services Day Care Services Education Services		
	Region IV Council DDD	Improve the service delivery system to all developmentally disabled in Region IV.		Improve the provision of all sexteen services mandated by PL 94-103 to the developmentally disabled.		
	DDPAC OSPI			Improve staffing in the public school system.		
	Region V Council DDD DD/MAP	Improve the service delivery system for all developmentally disabled in Region V, especially in respite care services.				
				Establish more rewarding employment opportunities.		
	DDD Dept.of I.			Develop more appropriate residential & day services for persons inappropriately placed in institutions.		
	DDPAC DDD V.R. Soc.Svc.B.					Develop services appropriate to those who are graduating from special education.

TABLE 6-1
RECOMMENDED GOALS AND OBJECTIVES FOR THE SERVICE NETWORK

(DDSP 6.1.1 & 6.1.2)

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRIORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRIORITY NO. 4	DESCRIPTION 5	PRIORITY NO. 6	DESCRIPTION 7
	DDD			Upgrade residential services.		
	DDPAC Legislature			Provide more money for DD persons to live more independently than in community homes.		
	DDPAC DDD			Reduce the number of people in community homes.		
	DDPAC Legislature			Develop more local funds for services.		

TABLE 6-2
SUMMARY OF PLAN YEAR MONTANA DDPAC OBJECTIVES
AND ASSOCIATED PLANNED ACTIVITIES

(DDSP 6.2)

OBJECTIVES			PROJECT/PROGRAM/ACTIVITIES	BUDGET				
SUGGESTED PRINCIPAL AGENCY 1	NO. 2	STATEMENT 3	DESCRIPTION 4	DDSA ALLOCATION 5	OTHER FEDERAL 6	STATE 7	OTHER L-LOCAL NP-NON-PROFIT 8	TOTAL PROJECT FUNDS 9
Council	1	To adhere to the nationally recognized goal of advocacy for the DD by implementing an advocacy program in Montana.	Design and implement the DD/MAP (Montana Advocacy Program)					
Council/ DDD	2	To increase the availability of information regarding DD to all people in the state of Montana.	Maintain a large DD instructional materials library.					
Council	3	To improve the Council's influencing capabilities.	Montana Influencing Project.					
DDD	4	Establish a system of family services to assure that the needs of developmentally disabled children & youth will be met within the community to prevent institutionalization.	Extend the capability and availability of early intervention by providing Home Training Services. Extend the capability and availability of respite and day care services. Develop appropriate residential alternatives when natural and foster homes are inappropriate for child's needs. Complete the deinstitutionalization of children and youth already identified by the Child & Adolescent Project (CAP).					

TABLE 6-2

SUMMARY OF PLAN YEAR MONTANA DDPAC OBJECTIVES AND ASSOCIATED PLANNED ACTIVITIES

(DDSP 6.2)

OBJECTIVES			PROJECT/PROGRAM/ACTIVITIES	BUDGET				
SUGGESTED PRINCIPAL AGENCY 1	NO. 2	STATEMENT 3	DESCRIPTION 4	DDSA ALLOCATION 5	OTHER FEDERAL 6	STATE 7	OTHER L-LOCAL NP-NON-PROFIT 8	TOTAL PROG/PR FUND 9
DDD/ Reg.Cncls DDPAC	5	Engage in a more concise program of monitoring.						
DDD	6	Expand respite care program.						
DDD	7	Employ a region-wide recreation coordinator.						
DDD/VR/ Soc.Svc.	8	Develop services appropriate to those who are graduating from special education						

1. OBJECTIVE # 1

DESIGN FOR IMPLEMENTATION

To adhere to the nationally recognized goal of advocacy for the DD by implementing an advocacy program in Montana.

2. RELATIONSHIP TO GOALS

Corresponds to Federal Regulations mandated program and Montana's goal of devising a better system of protection and advocacy to all DD persons.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

Design and implement the DD/MAP (Montana Advocacy Program).

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DDPAC					DDSA	$40,000	

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	RESID.	DAY P.A.	ACTIVITIES S.A.	ADULT	EMPLOY.	IDENT.	CASE MGT	TREAT.	FAM/PROC	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

	RESPONSIBILITY
1. Implement P&A system	1. DDPAC - DD/MAP
2. Begin public awareness campaign for community, legislature and medical/other professionals.	2. DD/MAP - DDPAC
3. Develop regional advocacy programs.	3. DDPAC - Regional Councils
4. Develop packets for community education.	4. DDPAC - Regional Councils
5. Develop system of individual and legal advocacy for DD persons and their families.	5. DD/MAP

9. MONITORING & EVALUATION PROCEDURES

Quarterly reports by staff to DDPAC

10. MEASURES & CRITERIA OF ACHIEVEMENT

To be developed - one project proposed is a legal rights handbook.

1. OBJECTIVE # 2

DESIGN FOR IMPLEMENTATION

To increase the availability of information re DD to all people in the state of Montana.

2. RELATIONSHIP TO GOALS

Relates to DDPAC goal of improving public education re DD. State goal of information system development.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

Maintain a large DD instructional materials library.

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DDPAC and DDD							

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	REGID.	DAY ACTIVITIES P.S.	DAY ACTIVITIES S.A.	DAY ACTIVITIES ADULT	EMPLOY.	IDENT.	CASE MGT	TREAT.	FAM/PROG	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

	RESPONSIBILITY
1. Establishment of Information and Materials Library.	1. DDD
2. Develop resource guide for regional services.	2. DDPAC

9. MONITORING & EVALUATION PROCEDURES

10. MEASURES & CRITERIA OF ACHIEVEMENT

Implementation

DDPAC SPR PROJECT T.D 6-3 (DDSP 6.2.1 & 6)

1. OBJECTIVE # 3

DESIGN FOR IMPLEMENTATION

Improvement of Council's influencing capabilities.

2. RELATIONSHIP TO GOALS

Relates to devising an ongoing plan to evaluate and influence all agencies and the public in order for DD citizens to receive services which are of high quality.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

Montana Influencing Project.

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DDPAC							

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	REGID.	DAY ACTIVITIES P.A.	DAY ACTIVITIES S.A.	DAY ACTIVITIES ADULT	EMPLOY.	IDENT.	CASE MGT	THERAT.	FAM/PROG	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

Begin to design the program at September 1977 DDPAC meeting.

Work with EMC Institute on preliminary design.

Decide on goals and objectives by October 1977.

RESPONSIBILITY

DDPAC and EMC Institute

9. MONITORING & EVALUATION PROCEDURES

Ongoing by Council.

10. MEASURES & CRITERIA OF ACHIEVEMENT

Completion of project.

1. OBJECTIVE # 4

DESIGN FOR IMPLEMENTATION

Establish a system of family services to assure that the needs of DD children and youth will be met within the community to prevent institutionalization.

2. RELATIONSHIP TO GOALS

Development of a full range of appropriate services for DD people in Region I.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DD Service Network Agencies							June 30, 1979

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	REGID.	DAY ACTIVITIES P.S.	DAY ACTIVITIES S.A.	DAY ACTIVITIES ADULT	EMPLOY.	IDENT.	CASE MGT	TREAT.	FAM/PROG	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

	RESPONSIBILITY
1. Extend the capability and availability of early intervention by providing Home Training Services.	1. DDD
2. Extend capability and availability of day care services.	2. DDD
3. Develop appropriate residential alternatives when natural and foster homes are inappropriate for child's needs.	3. DDD and DDPAC
4. Complete the deinstitutionalization of children and youth already identified by the Child and Adolescent Project (CAP).	4. DDD and Department of Institutions

9. MONITORING & EVALUATION PROCEDURES

Quarterly reports of DDD

10. MEASURES & CRITERIA OF ACHIEVEMENT

Increase in number of DD placed in community
Increase in number of DD placed in foster homes and families.

1. OBJECTIVE # 5

DESIGN FOR IMPLEMENTATION

Engage in a more concise program of monitoring.

2. RELATIONSHIP TO GOALS

Improvement of service delivery for all DD persons in Region II.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DD Service Network Agencies							

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	RESID	DAY ACTIVITIES P.A.	DAY ACTIVITIES S.A.	DAY ACTIVITIES ADULT	EMPLOY.	IDENT.	CASE MGT	TREAT.	FAM/PROC	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

	RESPONSIBILITY
1. Development of rules and regulations for provider services.	1. DDD
2. Develop Training System for providers.	2. DDD
3. Monitor training programs.	3. DDD and DDPAC

9. MONITORING & EVALUATION PROCEDURES

Quarterly reports

10. MEASURES & CRITERIA OF ACHIEVEMENT

Completion of projects

1. OBJECTIVE # 6

DESIGN FOR IMPLEMENTATION

Expand the Respite Care Program

2. RELATIONSHIP TO GOALS

Improvement of service delivery to all DD persons in Region II.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DD Service Network Agencies							

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	REGID.	DAY ACTIVITIES P.A.	DAY ACTIVITIES S.A.	DAY ACTIVITIES ADULT	EMPLOY.	IDENT.	CASE MGT	TREAT.	FAM/PROG	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

	RESPONSIBILITY
Development of Respite Coordinators program	DDD

9. MONITORING & EVALUATION PROCEDURES

Quarterly reports

10. MEASURES & CRITERIA OF ACHIEVEMENT

Completion of project - increase in respite care services.

1. OBJECTIVE # 7

DESIGN FOR IMPLEMENTATION

Employ a region-wide recreation coordinator.

2. RELATIONSHIP TO GOALS

Improvement of service delivery to all DD persons in Region II. State goal of person power development.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DD Service Network Agencies							

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	RESID.	DAY ACTIVITIES P.A.	DAY ACTIVITIES S.A.	DAY ACTIVITIES ADULT	EMPLOY.	IDENT.	CASE MGT	TREAT.	FAM/PROC	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

	RESPONSIBILITY
1. Development of funding.	1. DDD/DDPAC/Regional Councils
2. Hiring of coordinator	2. DDD

9. MONITORING & EVALUATION PROCEDURES

Quarterly reports

10. MEASURES & CRITERIA OF ACHIEVEMENT

Completion of project

1. OBJECTIVE # 8

DESIGN FOR IMPLEMENTATION

Develop services appropriate to those who are graduating from special education.

2. RELATIONSHIP TO GOALS

Improved service delivery to all DD persons in Region V. State goal of education.

3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY

4. RESPONSIBLE AGENCY	5. PLAN YEAR FUNDING						6. TIME FRAME
	LOCAL		STATE		FEDERAL		
	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	
DD Service Network Agencies							

7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)

SERVICE PROJECTS	RESID.	DAY ACTIVITIES P.E.	DAY ACTIVITIES S.A.	DAY ACTIVITIES ADULT	EMPLOY.	IDENT.	CASE MGT	TREAT.	FAM/PROC	OTHER (SPECIFY)
MENTAL RETARDATION										
EPILEPSY										
CEREBRAL PALSEY										
AUTISM										
OTHER (SPECIFY)										

8. STEPS TO IMPLEMENTATION

	RESPONSIBILITY
1. Assessment of need	1. DDD
2. Develop funding and service proposals.	2. DDD and Voc. Rehab.
3. Coordinate placement	3. DDD and Voc. Rehab.

9. MONITORING & EVALUATION PROCEDURES

Quarterly reports

10. MEASURES & CRITERIA OF ACHIEVEMENT

Completion of project

TABLE 6-5
SPECIAL DD SERVICE NETWORK PROGRAMS

(DDSP 6.2.3)

SPECIAL PROGRAM TITLE	RESP. AGENCY	OBJECTIVES	DESCRIPTION	BUDGET						
				NON-DDSA FEDERAL	STATE	OTHER	TOTAL	DDSA FUNDS	TOTAL ALL SOURCES	% DDSA
1	2	3	4	5	6	7	8	9	10	11
DD/MAP (Montana Advocacy Program)	DDPAC	To adhere to the nationally recognized goal of advocacy for the DD by implementing an advocacy program in Montana.		40,000				Possible funding from this source		100
Development of a DD Instructional Materials Library	DDPAC/ DDD	To increase the availability of information re DD to all people in the state of Montana.	Information not available at this point as both projects are in a very preliminary phase.							
Influencing Project	DDPAC	To improve the Council's influencing capabilities.								

SECTION VII

ADMINISTRATION AND ASSURANCES

SECTION VII

ADMINISTRATION AND ASSURANCES

This section of the State Plan for services to the developmentally disabled contains the description of the administrative structure of the program, the administration of the State Plan and assurances that the state will operate the DD program in a manner consistent with the rules and regulations of the program.

7.1 ADMINISTRATION

The agency designated to administer funds for the State Planning Council is the Centralized Services Division of the Department of Social and Rehabilitation Services (SRS). Within this agency, the Developmental Disabilities Division (DDD) administrator provides support to the Council and has primary responsibility for all DDD related activities. This is true except in the case of Planning and Advocacy, whose responsibile agency is the Developmental Disabilities Planning and Advisory Council, which is attached for administrative purposes only to SRS.

The roles and functions of DDD are: 1. generation of generic services for the developmentally disabled; 2. provision of services, including residential, treatment, evaluation and training services; and 3. the coordination of services received by the developmentally disabled in Montana.

The procedures used to insure adequate personnel administration and fiscal management are: Certain units within the department are established for these functions - Personnel Bureau and Fiscal Bureau within the Centralized Services Division.

Following is a description of activities provided to the State Planning Council by DDD:

1. Administrative supervision
2. Accounting services for Council budget and Council DDSA funded grants
3. Present budget to legislature
4. Keep track of time, travel, etc.

The Developmental Disabilities Division is the agency designated to administer the DD State Plan. Administrative responsibilities include: the control and provision of services to the DD population, through grants and contracts for services. No DDSA funds are allotted to the DD Division.

The relationship of SRS/DDD to the State Planning Council is one of support and cooperation. SRS furnishes support services; such as, accounting, payroll and audit. These costs are covered in the budget of the DDD. The Council employs a full time secretary. In addition, an executive director and other support staff are employed by the Council which is administratively attached to the DDD. DDD was chosen as the administering agency for the Council as a result of a study done by the Governor's office in 1975.

Methods of administration are spelled out in the state of Montana's Administrative Code and administration is therefore guaranteed. The State Plan is administered by the DDD administrator who is the SRS representative sitting on the Council.

Portions of Sections III and IV were completed by the Council. The Governor's Office of Budget and Program Planning completed Section II. The various state agencies completed their parts of Section III. The DD Division completed Sections I and VI as well as its portion of Section III. Regional councils contributed greatly to the completion of Sections III and IV. Council staff was responsible for pulling the sections of the plan together. As well, they completed narratives in Section II and did most of the work on Section VII. Next year, however, this should be a function of the designated state agency, the DD Division.

7.2 ASSURANCES (PREPRINT)

Assurances are hereby given that:

(1) FUNDS MADE AVAILABLE TO OTHER AGENCIES

(a) Part of the funds paid to the State will be made available to other public agencies or other non-profit private agencies, institutions, and organizations for the purposes of carrying out the Act; and

(b) Such funds will be expended in accordance with State procedures and standards and in accordance with the requirements contained in the regulations and policies established by the Secretary.

The State of Montana assures that all agencies, public and private, are eligible for project grants. Grants will be awarded according to the priorities established by the DDPAC. All funds will be expended in accordance with state and federal regulations.

(2) STATE PARTICIPATION IN CARRYING OUT THE STATE PLAN

There will be reasonable State financial participation in the cost of carrying out the State Plan; and

(a) That there is an organizational unit with major responsibilities for administration of the State Plan; that an adequate staff is available for carrying out its responsibilities in the administration of the State Plan; and

(b) That State appropriated funds will be used in part to support the activities included under the State Plan.

There will be reasonable State financial participation in carrying out the cost of the State Plan in the State of Montana.

TABLE 7-1
BUDGETARY RESOURCES FOR STATE PLANNING COUNCIL ADMINISTRATION

(DDSP 7.1)

ADMINISTRATIVE BUDGET CATEGORY (staff, materials, etc.)	FUNDING		AMOUNT & % OF MONIES DEVOTED TO:					
			PLANNING		INFLUENCING (include service grants)		EVALUATION	
	TOTAL $	% DDSA	$	%	$	%	$	%
	10,504 2	3.5	3	4	5	6	7	8
Printing	1,800							
Telephone	2,400							
Postage	1,500							
Rent	3,084		represents 5.8%					
Supplies	720		of total budget					
Equipment	600							
Miscellaneous	400							
Subtotal-DDSA funds	5,252	50						
Subtotal-State/Local	5,252	50						
Salaries	44,225		34,104**		6,968		3,153	
Staff Travel	6,760		4,000		1,408		1,352	
DDPAC Meetings	20,000		18,000				2,000	
Committee Meetings	6,000		3,000		1,500		1,500	
National Meetings	6,400		4,800				1,600	
Regional Meetings								
Publications and References	300		100				200	
Contracted Services	33,000		21,825		8,381		2,794	
Joint State/Regional Council Mtg.	8,000		4,000		2,000		2,000	
Service Grants	49,500				49,500			
SUBTOTAL	174,185		89,829		69,757		14,599	
TOTAL	184,689		89,829	48.6	69,757	37.7	14,599	7.9

* The total Council budget is $184,689; $150,000 of which are DDSA funds; $34,689 of which are state and local match funds.

** A portion of the match for planning activities is soft match dollars, $11,728, which is accounted for in time allotted to the Council by DDD employees and other SRS employees.

Currently Page

SUMMARY OF PROPOSED DEVELOPMENTAL DISABILITIES EXPENDITURES — TABLE 7-2

(DDSP 7.1)

STATE Montana
FY ENDING 78
Federal DD Fiscal Year Allotment $150,000

A. Allocations to State Agencies by Source of Funds:

- CENTS NOT INCLUDED -

DESIGNATED STATE AGENCIES	Non-Federal Funds				Federal * Funds	Total (5+6)
	State	Local	Non-Profit	Total (2+3+4)		
1	2	3	4	5	6	7
Dept. of Social & Rehab. Svc.	30,189	4,500		34,689	150,000	184,689
Total						

B. Allocations to State Agencies by Purpose:

- CENTS NOT INCLUDED -

DESIGNATED STATE AGENCIES	Total Federal * and Non-Federal	Planning		Administration	Services	Construction	DI **
		Council	Other				
1	2	3	4	5	6	7	8
Dept. of Social & Rehab. Svc.	150,000	99,748		5,252	45,000		45,000
	34,689	24,937		5,252	4,500		4,500
Subtotals							
Totals	184,689	124,685		10,504	49,500		49,500

C. Percentage Allotted to Construction and ratio of Federal to State and local funds for construction:

(1) Federal funds allocated for construction 0 : 0 % of FY allotment

(2) Total cost of construction
a. In poverty areas
b. In non-poverty areas

(3) Ratio of Federal to Total Funds
a. For all construction NA %
b. In poverty areas 90 %
c. In non-poverty areas %

* Basic Formula Grant Funds under P.L. 94-103
** DEINSTITUTIONALIZATION

The Montana Developmental Disabilities Planning and Advisory Council has not yet determined the specific manner of allocating grant funds; however, $45,000 or 30% of its allotment will be spend on deinstitutionalization/institutional reform service grant projects.

TABLE 7-2

SUMMARY OF PROPOSED DEVELOPMENTAL DISABILITIES EXPENDITURES

STATE _____

FY ENDING 77

(DDSP 7.1)

Federal DD Fiscal Year Allotment $150,000.00

A Allocations to State Agencies by Source of Funds: - CENTS NOT INCLUDED -

DESIGNATED STATE AGENCIES	Non-Federal Funds				Federal * Funds	Total (5+6)
	State	Local	Non-Profit	Total (2+3+4)		
1	2	3	4	5	6	7
SRS	$ 35,264	$	$ 7,255	$ 42,519	$ 150,000	$ 192,519
	$	$	$	$	$	$
	$	$	$	$	$	$
Total	$ 35,264	$	$ 7,255	$ 42,519	$ 150,000	$ 192,519

B. Allocations To State Agencies by Purpose: - CENTS NOT INCLUDED -

DESIGNATED STATE AGENCIES		Total Federal * and Non-Federal	Planning		Administration	Services	Construction	DI **
			Council	Other				
1		2	3	4	5	6	7	8
SRS	F	$ 150,000	$ 77,209	$	$ 7,500	$ 62,291	$	$ 65,291
	NF	$ 42,519	$ 25,736	$	$ 9,528	$ 7,255	$	$ 7,255
	F	$	$	$	$	$	$	$
	NF	$	$	$	$	$	$	$
	F	$	$	$	$	$	$	$
	NF	$	$	$	$	$	$	$
Subtotals	F	$	$	$	$	$	$	$
	NF	$	$	$	$	$	$	$
Totals		$ 192,519	$ 102,945	$	$ 17,028	$ 72,546	$	$ 72,546

C. Percentage Alloted To Construction and ratio of Federal to State and local funds for construction:

(1) Federal funds allocated for construction $_____ : _____ % of FY allotment

(2) Total cost of construction $_____
   a. In poverty areas $_____
   b. In non-poverty areas $_____

(3) Ratio of Federal to Total funds
   a. For all construction NA %
   b. In poverty areas 90 %
   c. In non-poverty areas _____ %

* Basic Formula Grant Funds under P.L. 94-103

** DEINSTITUTIONALIZATION

1) SRS - DDD will be the organizational unit with major responsibilities for administration of funds to carry out the State Plan. Adequate staff time will be provided by DDD. The DDPAC staff (two professional and one clerical) will also be adequate to carry out the implementation of the State Plan.

2) State matching funds will be provided through SRS/DD Division.

(3) MAINTENANCE OF EFFORT

Funds paid the State under the State Plan will be used to supplement and, to the extent practicable, increase the level of funds that would otherwise be made available for the purposes for which the Federal funds are provided, and not to supplant such non-Federal funds. Information and data relative to the aggregate level of state, local and non-profit funds available in the state for activities supported under the State Plan will be available for review upon request by the Secretary, DHEW, the General Accounting Office or their designees.

Funds expended under this plan will be used to supplement federal and state funds allocated by the 1977 Montana State Legislature. This supplementation will be documented and available for review.

(4) FINANCIAL SUPPORT FOR ACTIVITIES

Adequate financial support will be available to complete the construction of facilities, and to maintain and operate them when such construction is completed. Compliance with this assurance may be made by showing from the grantee that adequate funds are or will be on deposit in a bank, or that state and local funds will be made available for maintenance and operation upon completion of construction.

Not applicable to the Montana State Plan.

(5) GRANTS ADMINISTRATION REQUIREMENTS

The provision of DHEW Regulations under Title 45 CFR Part 74, establishing uniform administrative requirements and cost principles for grants to state and local governments, shall apply to all grants funded under this State Plan. Grants are also subject to the applicability, as cited therein, of the provisions of the following DHEW Regulations under Title 45 CFR to grants funded under this State Plan:

45 CFR Part 16 - Department Grant Appeals Process
45 CFR Part 46 - Protection of Human Subjects
45 CFR Part 75 - Informal Grant Appeals
Procedures, Subpart A - Indirect Cost Appeals
45 CFR Part 80 - Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education & Welfare - Effectuation of Title VI of Civil Rights Act of 1964
45 CFR Part 81 - Practice and procedure for Hearings under Part 80 of this Title.

All grants administered through SRS/DDD in Montana meet the requirements of Title 45 CFR Part 74. The Management and Planning Bureau of DDD is responsible for compliance under:

45 CFR Part 16 - Department Grant Appeals Process

45 CFR Part 46 - Protection of Human Subjects

45 CFR Part 75 - Informal Grant Appeals Procedures, Subpart A - Indirect Cost Appeals

45 CFR Part 80 - Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education and Welfare - Effectuation of Title VI of Civil Rights Act of 1964

45 CFR Part 81 - Practice and procedure for Hearings under Part 80 of this Title

(6) SPECIAL FINANCIAL AND TECHNICAL ASSISTANCE TO POVERTY AREAS

Special financial and technical assistance will be given to areas of urban or rural poverty in providing services and facilities for persons with developmental disabilities who are residents of such areas. (State Plan paragraph 2.1.1 lists the urban or rural poverty areas and contains the method used for determining such areas.)

All of Montana has been declared a poverty area by the Secretary of Health, Education and Welfare.

(7) FISCAL ADMINISTRATION

Methods and procedures have been established for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the state under this State Plan.

Disbursement and Accounting services are in compliance with state and federal regulations and are administered by SRS Centralized Services Division in Montana. In addition, all records of expenditures and disbursements are maintained by SRS/DDD Management and Planning Bureau.

(8) RECIPIENT'S RECORDS

Each recipient of assistance under this State Plan shall keep records (1) which fully disclose (i) the amount and disposition by such recipient of the proceeds of such assistance, (ii) the total cost of the project or undertaking in connection with which such assistance is given or used, and (iii) the amount of that portion of the cost of the project or undertaking supplied by other sources, and (2) such other records as will facilitate an effective audit.

All expenditures and disbursements are recorded in the statewide Budgeting and Accounting System as required by the Montana Department of Administration.

In addition, SRS and DDPAC requires all projects to submit quarterly fiscal reports of expenditures (see expenditure reporting form). DDPAC projects are audited on a periodic basis by SRS audit unit. A complete audit of SRS is currently being performed by the Legislative Audit Committee.

(9) NONDISCRIMINATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT

The State has previously submitted an assurance regarding nondiscrimination under Title VI of the Civil Rights Act of 1964, and DHEW Regulations Title 45 CFR 80.

Pursuant to Title VI of the Civil Rights Act of 1964, the Regulations issued thereunder, and Sections 64-301 through 64-312, R.C.M., 1947 as amended, the programs administered in the Department of Social and Rehabilitation Services in Montana are being and will continue to be conducted in such a manner that no person will be excluded from participation in, be denied the benefits of, or be subjected to discrimination under such programs on the ground of race, creed, color, sex, physical or mental handicap, or national origin. The State Department is in fact administering the program in accordance with the Law, the Regulations, and the policies and practices as indicated below.

No individual will on the ground of race, creed, color, sex, physical or mental handicap, or national origin be subjected to segregation or separate treatment in any manner related to receipt of any service, financial aid, or other benefit under the Department's programs, nor will the individual be restricted in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid or other benefit under the program. This includes any distinction with respect to space where services are offered or provided, housing and eating facilities, waiting rooms and restrooms. Neither will separate times be set aside on ground of race, creed, color, sex, physical or mental handicap, or national origin for the provision of services.

Any alleged discrimination should be reported to the Director of the Department, the Chief of the Personnel Bureau, the State Human Rights Bureau, the State Merit System, or the Regional Civil Rights Office in Denver.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

/s/ Patrick E. Melby
Patrick E. Melby, Acting Director

7/1/76
Date

(10) EMPLOYMENT OF HANDICAPPED INDIVIDUALS

As a condition for the receipt of financial assistance under the approved State Plan, each recipient of such assistance shall take affirmative action to employ and advance in employment, qualified handicapped individuals, on the same terms and conditions required with respect to the employment of such individuals by the provisions of the Rehabilitation Act of 1973 which govern employment

(a) by State rehabilitation agencies and rehabilitation facilities, and
(b) under Federal contracts and subcontracts.

Reference Montana Human Rights Act 1974. This act prohibits discrimination because of physical and mental handicaps relative to employment, housing and services rendered by the state.

(11) PROTECTION OF EMPLOYEES' INTERESTS

Fair and equitable arrangements will be made to protect the interests of employees affected by actions to carry out the plan described in Paragraph 6.3.2 of this State Plan including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

The DDD has developed a personnel newsletter to provide maximum opportunities to Boulder River School and Hospital employees displaced by deinstitutionalization efforts. In addition, SRS is developing a comprehensive policy to meet their needs more fully. A policy has been developed. Refer to SRS and the Department of Institutions.

(12) USE OF VOLUNTEERS

In the implementation of this State Plan, maximum utilization will be made of all available community resources including volunteers serving under the Domestic Volunteer Services Act of 1973 (87 Stat. 394), and other appropriate voluntary organizations. The use of such services shall supplement, but shall not be in lieu of, paid employees.

The State of Montana currently has a contract with ACTION to utilize ACTION volunteers as group home managers. The contract is actually with the Montana Association for Retarded Citizens and will expire June 30, 1977. Maximum utilization of volunteers is currently being made in all programs under contract with SRS, although such services may not be in lieu of paid employees.

The best known Federal Volunteer Service Program assisting the DD population is the Foster Grantparent Program, utilized in at least two areas of Montana; theEastmont Training Center in Glendive and BRSH in Boulder.

Another program is the Action Cooperative Volunteer Program, sponsored by the Montana ARC. It is appropriate here to describe how and why this one year program exists.

In mid 1975, when the plans for establishing group homes for our DD population were being formulated, several meetings between consumer groups and the State DD Division were held, and it was agreed that the biggest obstacle we faced was, "Where are we going to get qualified Group Home Managers?" It was decided to explore the possibility of utilizing the ACV Program. A meeting between the DD Division, the ACTION office and MARC was arranged. It was decided that MARC would sponsor 40 ACV's, and with the help of the ACTION office staff, MARC submitted a grant to the Federal ACTION office. It was accepted; the agreement was as follows:

ACTION would recruit 40 suitable volunteers based on qualifications specifice by MARC. The volunteers would be supplied on a need basis, which they were. Training would be provided by the Developmental Disabilities Training Institute.

It has been extremely difficult for the sponsor (MARC) to operate this program. For example, recruitment must take place months in advance of placement. At the time the volunteers were trained and ready for placement, the group homes were not, in many cases, ready to open. It has been estimated that besides solving the acute group home manager problem, it will have saved the state $125,000 - $130,000. MARC will, at the time the program ends on July 1, 1977, have spent about $15,000. I mention the financial aspects only because I expect other Volunteer programs to come about in Montana, and potential sponsors need to be aware of the cost factor involved.

The Domestic Volunteer Corp has tremendous possibilities and should be utilized at a greater rate than is presently the case in Montana.

(13) PAYMENT OF CONSTRUCTION WORKERS

All laborers and mechanics employed by contractors or subcontractors in the performance of work on any construction project assisted with funds under the State Plan will be paid at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276-a-276a-5, known as the Davis-Bacon Act); and the Secretary of labor shall have with respect to the labor standards specified in this paragraph the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

Not applicable to Montana.

(14) PERSONNEL ADMINISTRATION

(a) Methods of personnel administration will be established and maintained (in the State agencies administering or supervising the administration of the State Plan program and in local agencies administering the program) in conformity with the standards for a Merit System of Personnel Administration, 45 CFR Part 70, and any standards prescribed by the U.S. CIvil Service Commission pursuant to section 208 of the Intergovernmental Personnel Act of 1970 modifying or superseding such standards.

(b) The State agency will develop and implement an affirmative action plan for equal employment opportunity in all aspects of personnel administration as specified in 45 CFR 70.4, Equal Employment Opportunity. The affirmative action plan will provide for specific action steps and timetables to assure equal employment opportunity. This plan will be available for review upon request by the Secretary, Commissioner, Civil Service Commission, General Accounting Office or their designees.

a) Personnel Administration in Montana conforms to 45 CFR Part 70 and standards prescribed by the U.S. Civil Service Commission pursuant to Section 208 of the Intergovernmental Personnel Act of 1970.

b) SRS developed and implemented an affirmative action plan in 1974. (See Civil Right Complaince, July 1, 1976)

(15) HUMAN RIGHTS AND WELFARE OF INDIVIDUALS RECEIVING SERVICES

The human rights of all persons (especially those without familial protection) receiving services under the State Plan will be protected as may be set forth in DHEW Regulations and issuances.

Montana fully recognizes the human rights of all persons receiving services under the State Plan and fully adheres to the protection of these rights and assures that rights will be protected in the manner set forth in DHEW Regulations and issues.

(16) HABILITATION PLANS

(a) After September 30, 1976, each program (including programs of any agency, facility, or project) which receives funds from the State's allotment under this State Plan has in effect for each developmentally disabled person who receives services from or under the program, a habilitation plan and that such plans are reviewed annually.

(b) Attachment 8.6 sets forth the requirements of each plan which complies with Section 1386.47 of the regulations and describes the methods to be used to facilitate an annual review of such individual's habilitation plan.

Additionally, Montana DDD is currently implementing a comprehensive system for habilitation planning that will require an individualized program plan for each individual receiving DD services.

The actual format for the individualized plan is currently being modified to comply more completely with Section 1386.47.

The State of Montana assures that (a) and (b) above will be carried out in the stated manner.

(17) SERVICES FOR PERSONS UNABLE TO PAY

A reasonable volume of services will be furnished to persons unable to pay, in accordance with DHEW regulations.

Services are available to developmentally disabled persons in Montana regardless of their ability to pay.

(18) ANTICIPATED CONTRIBUTION TOWARD STRENGTHENING SERVICES

Funds paid to the State will be used to make significant contributions toward strengthening services for persons with developmental disabilities in the various political subdivisions of the State, in order to improve the quality, extent, and scope of services.

Council appropriates funds to political subdivisions as defined by regional priorities.

(19) STANDARDS FOR SERVICES AND CONSTRUCTION OF FACILITIES

Standards for services provided under this State Plan will not be lower than standards prescribed in section 1386.17(a) of the regulations, and construction standards for facilities and equipment furnished under this State Plan will not be lower than standards prescribed in section 1386.17(b) of the regulations.

Standards for services in Montana provided under this plan will conform to state and federal regulations. Standards for construction are not applicable.

(20) OPPORTUNITY FOR APPEAL AND HEARING

Every applicant for a construction project who is dissatisfied with any action of the state agency for construction regarding its application, has an opportunity for appeal to and hearing before such state agency, according to established and recorded practices and procedures in the state.

Not applicable in Montana.

(21) REPORTS

The state agnecy will make such reports in such form and containing such information, and at such time, as required by the Secretary of Health, Education and Welfare, and will comply with such provisions as he may find necessary to assure the correctness and verification of such reports. These reports include, but are not limited to, (a) the Developmental Disabilities Office's Program Performance Report and (b) financial reports.

SRS will submit reports as required.

(22) STATE SYSTEM FOR PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

The state understands that the Secretary shall not make an allotment under Title I, Part C of the Act to a state for any fiscal year beginning after September 30, 1977, unless the state has in effect such a system.

The State of Montana will have in place by September 30, 1977, a statewide P&A System. Montana fully understands the above conditions.

(23) ASSURANCE REGARDING EVALUATION SYSTEM

(a) Within six months after the development by the Secretary of DHEW, of an evaluation system in accordance with Part A, Section 110(a) of the Act, this state will submit to the Secretary of DHEW a proposal for a time-phased method of implementing the system. The proposals will be submitted in the form and at the time set forth in guidelines to be issued by the secretary.

(b) Within two years after the date of the development of such a system, this state will provide assurances satisfactory to the Secretary that the state is using such a system.

(c) This state recognizes that the assurances in (a) and (b) above are conditions to the receipt of assistance under Title I, Part C of the Act.

Montana fully understands (a), (b) and (c) above and fully intends to adhere to all statements and carry out all functions as directed by the Secretary of DHEW in assuring the implementation of an evaluation system.

(24) STATEMENT BY ATTORNEY GENERAL

See page ii.

(25) GOVERNOR'S REVIEW

The Governor's Office of Budget and Program Planning has begun the process of A 95 Review of the plan. The Montana State Plan for Developmental Disabilities is available from the State Council for review and comment by other executive departments. When specific and relevant comments have been received, they will be forwarded by OBPP as amendments to the plan.